

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 4501
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DANE FRANCIS VAISE

2. DATE
OF
DEATH

MAY 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

BALTIMORE

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)
235 BALLOU COURT

Length of stay in Baltimore

6 DAYS

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

MAY 12, 1951

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min.

6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

ALBERT VAISE

14. MOTHER'S MAIDEN NAME

MARGARET ROLLIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **762.5** I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) _____

Respiratory failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

Atelectasis

DUE TO

(C) _____

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

6 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 12**, 19**51**, to **May 18**, 19**51**, that I last saw the deceased alive on **5-18**, 19**51**, and that death occurred at **1 A** m., from the causes and on the date stated above.

23A. SIGNATURE

Harold Farfel

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5/18/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-19-51

Harold Heart

Balto

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Lilly & Ziegler Co., 403 S. W. 1st St.

MAY 18 1951

VS 150

MEDICAL CERTIFICATION

MAY 1951

DR. J. H. HARRIS

RECEIVED

OFFICE

U. S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

RECEIVED

OFFICE

RECEIVED

OFFICE



620
51 4502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4502
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard Parrish

2. DATE
OF
DEATH

5/17/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 15-04

d. STREET ADDRESS (If rural, give location)

2015 N. Belaski St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

Male

White

Single

4/29/1914

37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Rooper

Own Business

Balto. Md.

13. FATHER'S NAME

Harry Parrish

14. MOTHER'S MAIDEN NAME

Florence Beale

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or no or unknown) (If yes, give year or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

Harry Parrish 2430 Shirley Ave

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Hepatic Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cirrhosis of liver (Biliary)

DUE TO

(C) Alcoholism

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

5/17/51

Biliary Cirrhosis

YES ☐ NO ☒

21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 5/17/51, 19__, to 5/17/51, 19__, that I last saw the
deceased alive on 5/17/51, 19__, and that death occurred at 11:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

James A. Douglas

M. D.

Lutheran Hospital

5/18/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

5/21/51

Lorraine

Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1951

Wm. C. B. Inc.

1217 St. Paul St.

581 24494

124a

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1954

520

51 4503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4503
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Concetta Vinci		May 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland	
642 Portland Street		B. COUNTY	
C. LENGTH OF STAY IN BALTIMORE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Baltimore	
5. SEX female		D. STREET ADDRESS (If rural, give location)	
6. COLOR OR RACE white		642 Portland Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		About 1875	
10B. KIND OF BUSINESS OR INDUSTRY own home		9. AGE (In years last birthday) 76	
13. FATHER'S NAME Lawrence Geppi		11. BIRTHPLACE (State or foreign country) Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) ---		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. ---		14. MOTHER'S MAIDEN NAME Rosa ?	
17. INFORMANT		ADDRESS	
Salvatore Vinci, 642 Portland St.			

18. (Yrs.) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A)		Central Thromboses		4 days	
DUE TO					
(B)		Extensive Cardiac Vascular Disease		16 years	
DUE TO		disease			
(C)					

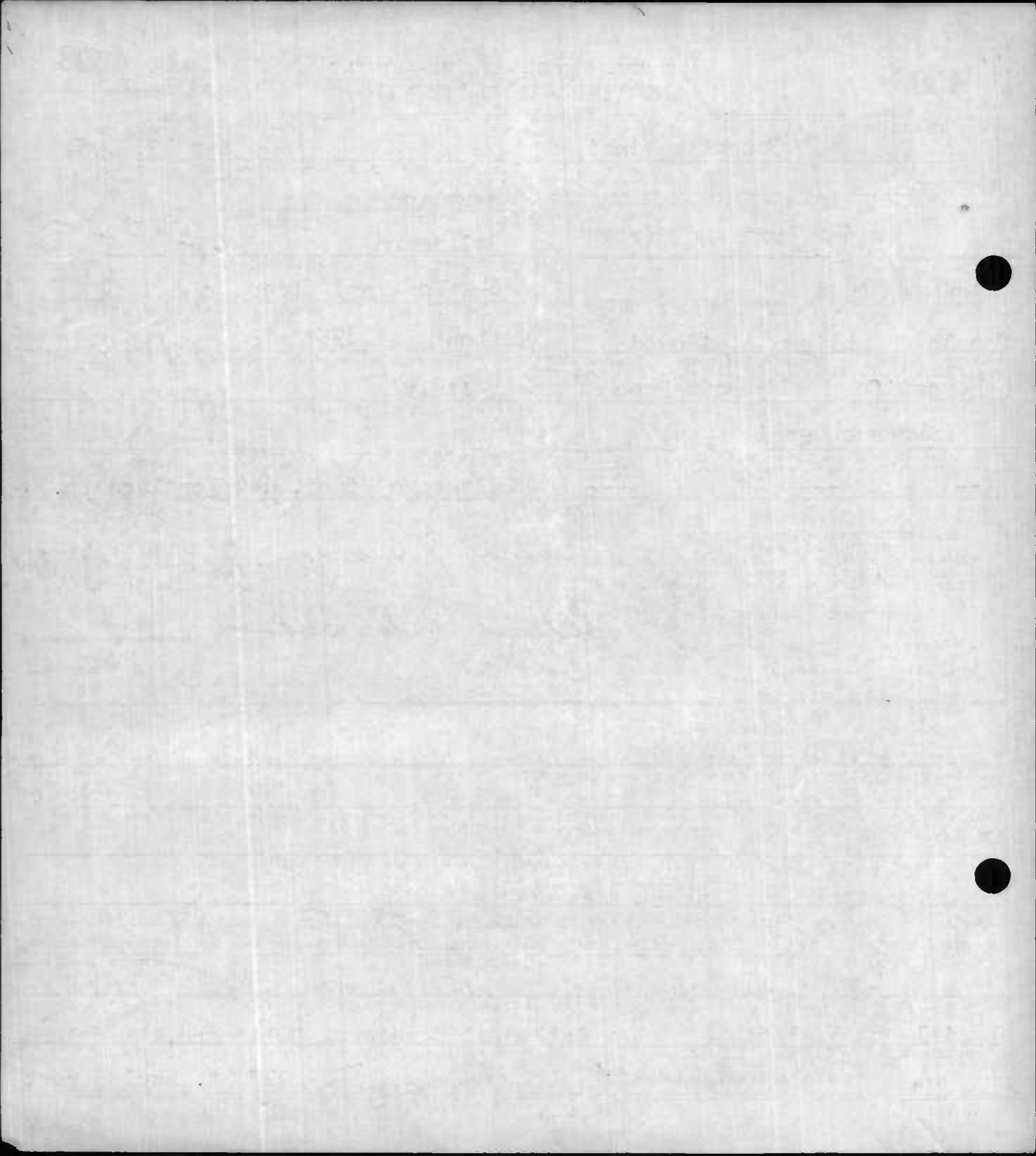
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from Jan-20, 1933, to 5-17, 1951, that I last saw the deceased alive on 5-17, 1951, and that death occurred at 6 P.M., from the causes and on the date stated above.

23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		715-11. Charles St.		5-18-51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
burial		5/21/51		New Cathedral Cemetery		Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
MAY 19 1951		[Signature]		[Signature]		1217 St. Paul Street	



162

51 4504 51-03654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4504

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Eugene Reprigel

2. DATE
OF
DEATH

5/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1226 S. Paca St 30

Length of stay in Baltimore

2 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Feb. 19, 1951

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Raymond Reprigel

14. MOTHER'S MAIDEN NAME

Elsie Shupe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elsie Reprigel, 1226 S. Paca St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congenital heart disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 5/16, 1951, to 5/16, 1951, that I last saw the
deceased alive on 5/16, 1951 and that death occurred at 5:12 m., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louisa Cardle

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

5/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Grove Baptist Church

24D. LOCATION (City, town, or county)

Harford County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 19 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

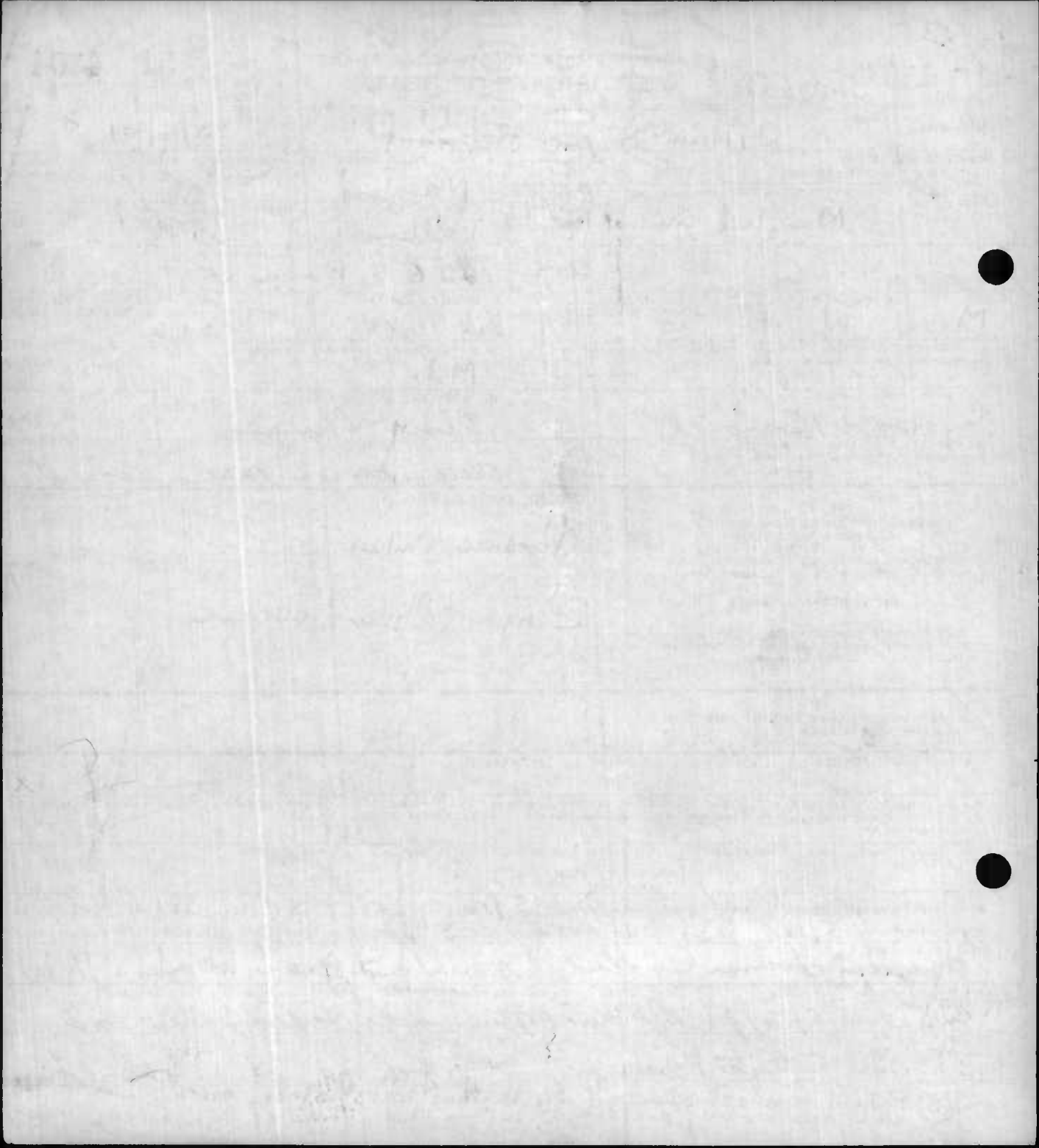
25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 S. Paul St.

ADDRESS

VS 150 N.B. Patient had been attended by Dr. Gibson Wells since birth
and murmur was present & intermittent attacks of cyanosis 157E

MEDICAL CERTIFICATION



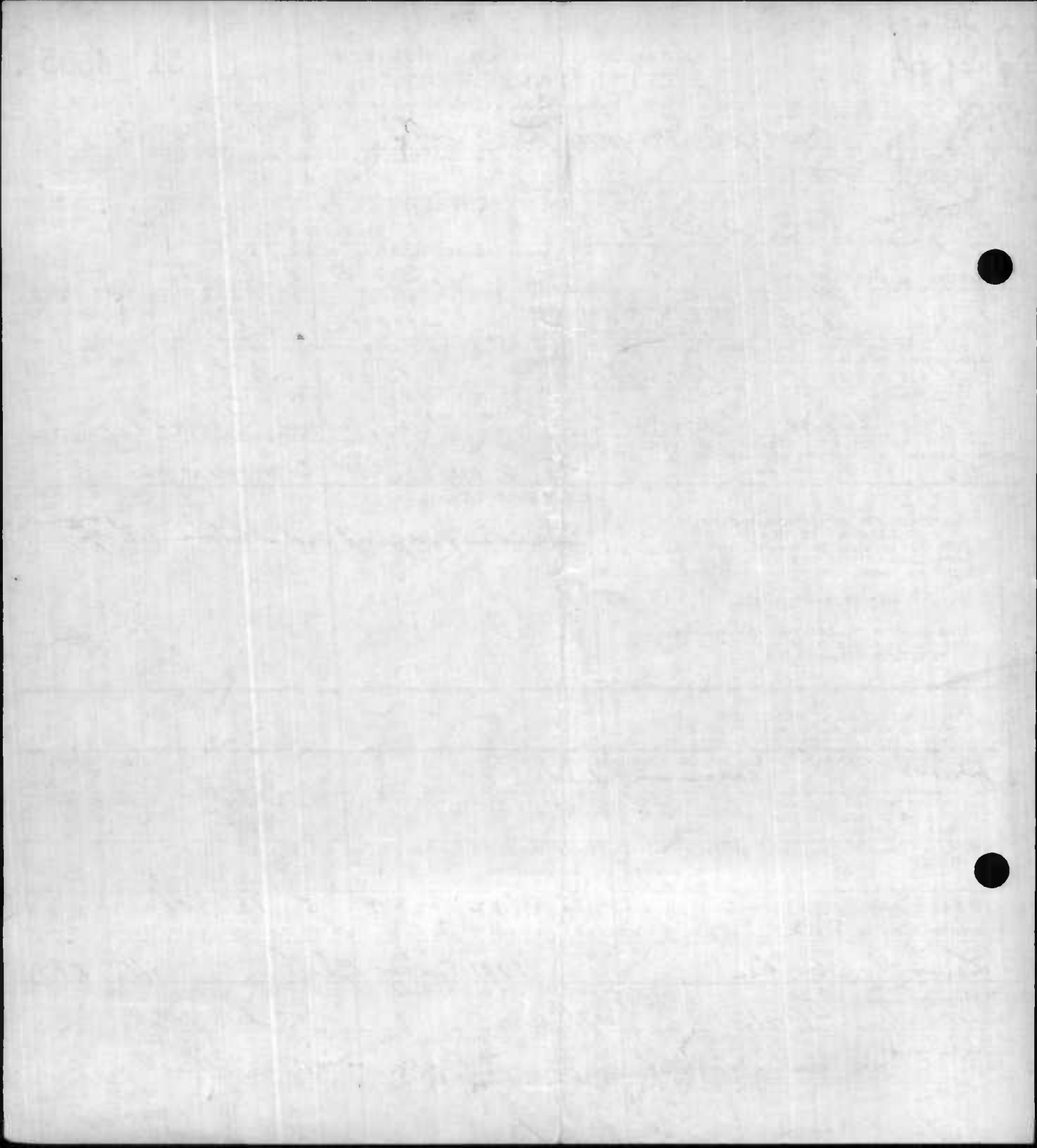
240
51 4505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4505

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Joseph Gregory Bagwell		5/16/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) 530 E. 20th St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 9-08			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 530 E. 20th St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/9/1886	9. AGE (in years last birthday) 65	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (State or foreign country) Balto. Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Wise Bagwell		14. MOTHER'S MAIDEN NAME Mary Ann Connelly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Margaret McCummings	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 153 x 1		CAUSE OF DEATH (A) Coronary thrombosis and stroke DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4/1/51		19B. MAJOR FINDINGS OF OPERATION Coronary thrombosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/12, 1948, to 5/16, 1951, that I last saw the deceased alive on 5/13, 1951, and that death occurred at 2 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Louis H. Parker		23B. ADDRESS M. D. 1701 Eutan Pl.		23C. DATE SIGNED 5/18/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/14/51		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1951		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR 4906 G		24H. ADDRESS 1217 St. Paul St.		24I. ADDRESS 46E	

MEAL CERTIFICATION



#650
51 4506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4506

BIRTH NO. 51-11052		2. DATE OF DEATH May 17, 1951	
1. NAME OF DECEASED (Type or Print) Baby Girl Martin		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
3. PLACE OF DEATH: A. Baltimore City, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore-18 9-07	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital for Women of Maryland		D. STREET ADDRESS (If rural, give location) 2536 Robt Street	
5. SEX Female		8. DATE OF BIRTH May 17, 1951	
6. COLOR OR RACE white		9. AGE (In years last birthday) 22	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10B. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME Mario Martin		14. MOTHER'S MAIDEN NAME Mary Elizabeth Kelly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT MARIO MARTIN		ADDRESS 2536 Robt ST	

18. 760.0 I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Intracranial hemorrhage DUE TO	22 min
ANTECEDENT CAUSES	(B) Precipitate labor DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-17	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 1951, to 5-17, 1951, that I last saw the deceased alive on 5-17, 1951, and that death occurred at 6 PM, from the causes and on the date stated above.

23A. SIGNATURE Jerome Kaufman	23B. ADDRESS Woman's Hosp.	23C. DATE SIGNED 5-19-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/19/51	24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL
24D. LOCATION (City, town, or county) Baltimore MD	25. FUNERAL DIRECTOR Chas. F. Evans & Son	ADDRESS 119 W. Mt. Royal Ave
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	VS 150

160a

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4507**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OLGA MAY CAPLES		2. DATE OF DEATH 5-17-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) FRANKLIN Square Hoop		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Upperco P.O. (Fowlesburg)	
C. Length of stay in Baltimore Yrs. 15 Mos. 10 Days 0		D. STREET ADDRESS (If rural, give location) 5300	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) D	8. DATE OF BIRTH April 15-1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Dept. Store	9. AGE (In years last birthday) 55 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Royston		14. MOTHER'S MAIDEN NAME Matilda Pitts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-22-5629	17. INFORMANT MARY Bleakley
		ADDRESS UPPERCO-Md	

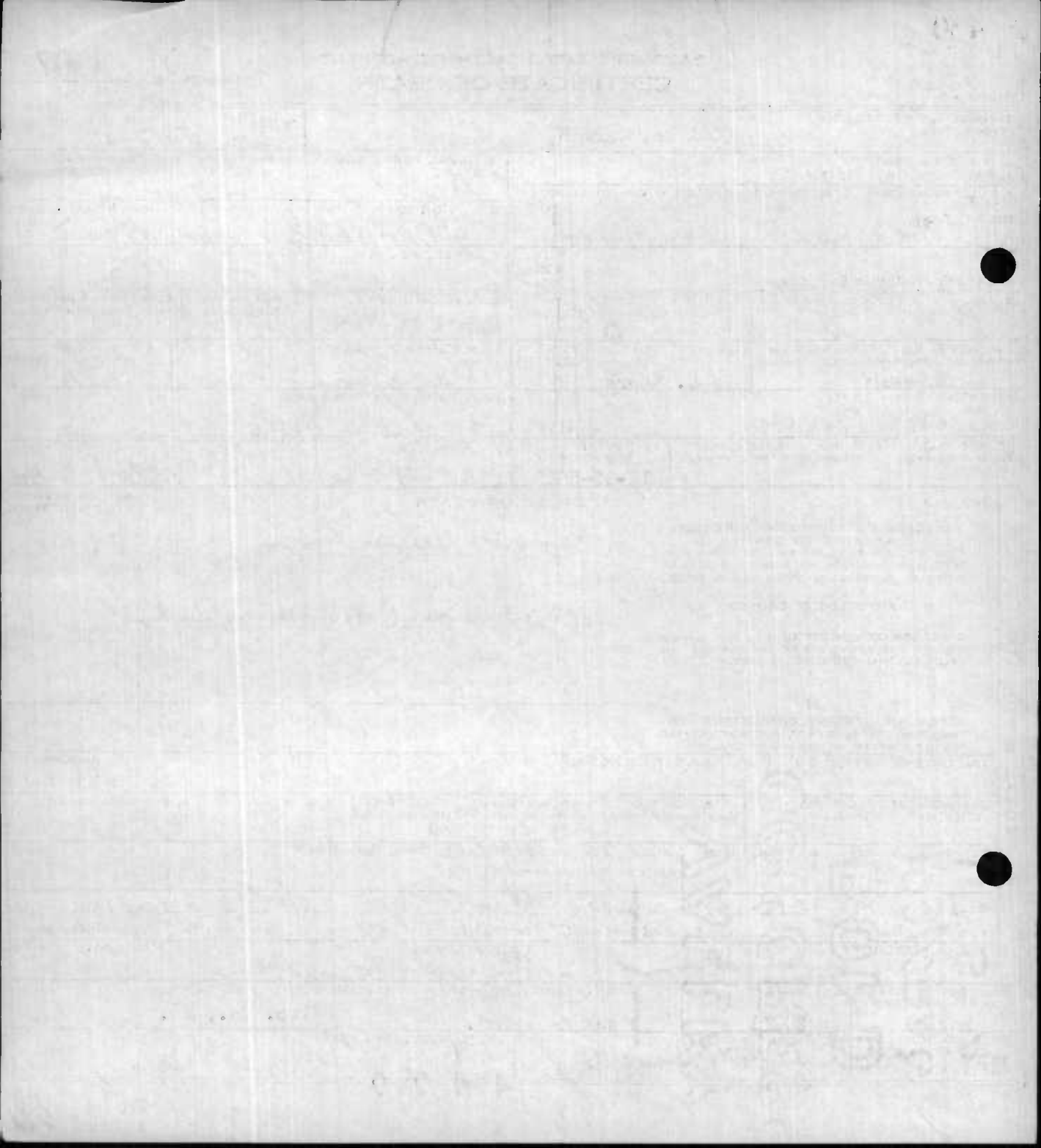
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertension - Arteriosclerotic DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 24 hrs
--	---

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/16** 19**51**, to **5/17** 19**51**, that I last saw the deceased alive on **5/17** 19**51**, and that death occurred at **8:45** m., from the causes and on the date stated above.

23A. SIGNATURE J. J. Sindelorm	23B. ADDRESS Franklin Sq. Hoop	23C. DATE SIGNED 5/17/51
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/20/51	24C. NAME OF CEMETERY OR CREMATORY Black Rock Cem.	24D. LOCATION (City, town, or county) (State) Balto. Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1951	REGISTRAR'S SIGNATURE Wm. J. Lickner	25. FUNERAL DIRECTOR Wm. J. Lickner & Son	
		ADDRESS 832 Balt. Md.	



550

4508

REA-148524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4508

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Albert
Charles/Lehmen2. DATE
OF
DEATH

May 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore (Essex)

D. STREET ADDRESS (If rural, give location)

117 S. Marlyn Avenue

5300

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 20, 1904

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR
INDUSTRY

Recipe Foods

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J.
Charles/Lehmen

MAYORNAIS

14. MOTHER'S MAIDEN NAME

Blanche Koffenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-07-4058

17. INFORMANT

ADDRESS

Records B. C. H. 4940 Eastern Avenue

18.

332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Thrombosis with extension

2days

DUE TO into Ventricles

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1951 to 5-17, 1951, that I last saw the
deceased alive on 5-17, 1951, and that death occurred at 10:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

A. D. O'Brien

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/21/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Williams

MAY 19 1951

VS 150

55442

Balto Md 83B

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE
OFFICE OF THE MARITIME COMMISSIONER

WASHINGTON, D. C.

SHIP		CARGO		PORT OF ORIGIN		PORT OF DESTINATION		DATE OF DEPARTURE		DATE OF ARRIVAL		REMARKS	
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-455
51 4509BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4509
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES MERRIWETHER SHELLMAN

2. DATE
OF
DEATH

May 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1530 Park Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1530 Park Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 28, 1888

9. AGE (In years
last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Printing

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Jones Shellman

14. MOTHER'S MAIDEN NAME

Josephine Keith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary W. Shellman - 1530 Park Ave.

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary Heart Disease

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Postoperative Ruptured Spleen

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 to 5/1/51, 1951, that I last saw the
deceased alive on 5/1/51, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/21/51

Meadowridge Mem. Pk.

Howard Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 19 1951

Wilmington, Delaware

W. A. B. Schner & Sons

VS 150

4904M

117a Balto, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 4510

1. PLACE OF DEATH:

(a) Baltimore City, Maryland
(b) Street address 570 GOLD ST.
(c) Hospital or institution: 00
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County 14-03
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 570 GOLD ST.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME

ELIZABETH JARVIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex FEMALE 5. Color or race COLORED 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife JARVIS ALEXANDER 6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 53 Months Days If less than one day hr. min.

9. Birthplace BALTO MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

12. Name UNKNOWN

13. Birthplace

14. Maiden Name UNKNOWN

15. Birthplace

16 (a) Informant ALEXANDER JARVIS

(b) Address 570 GOLD ST

17 (a) Burial (b) Date thereof May 7-9
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Catherine
Location BALTO

18 (a) Funeral director Brooks Ringgold

(b) Address 14637 Carey St

19 (a) MAY 19 1951 (b) William Williams
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 17 1951 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 7 1951 to MAY 12 1951, and that I last saw her alive on MAY 16 1951.

Immediate cause of death CARCINOMA OF GALL BLADDER Duration 6 Mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Williams Frey

Address 1928 Penna Ave Date signed 5/18/51

PHYSICIAN

Underline the cause to which death should be charged statistically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

-250
51 4511
BIRTH NO.

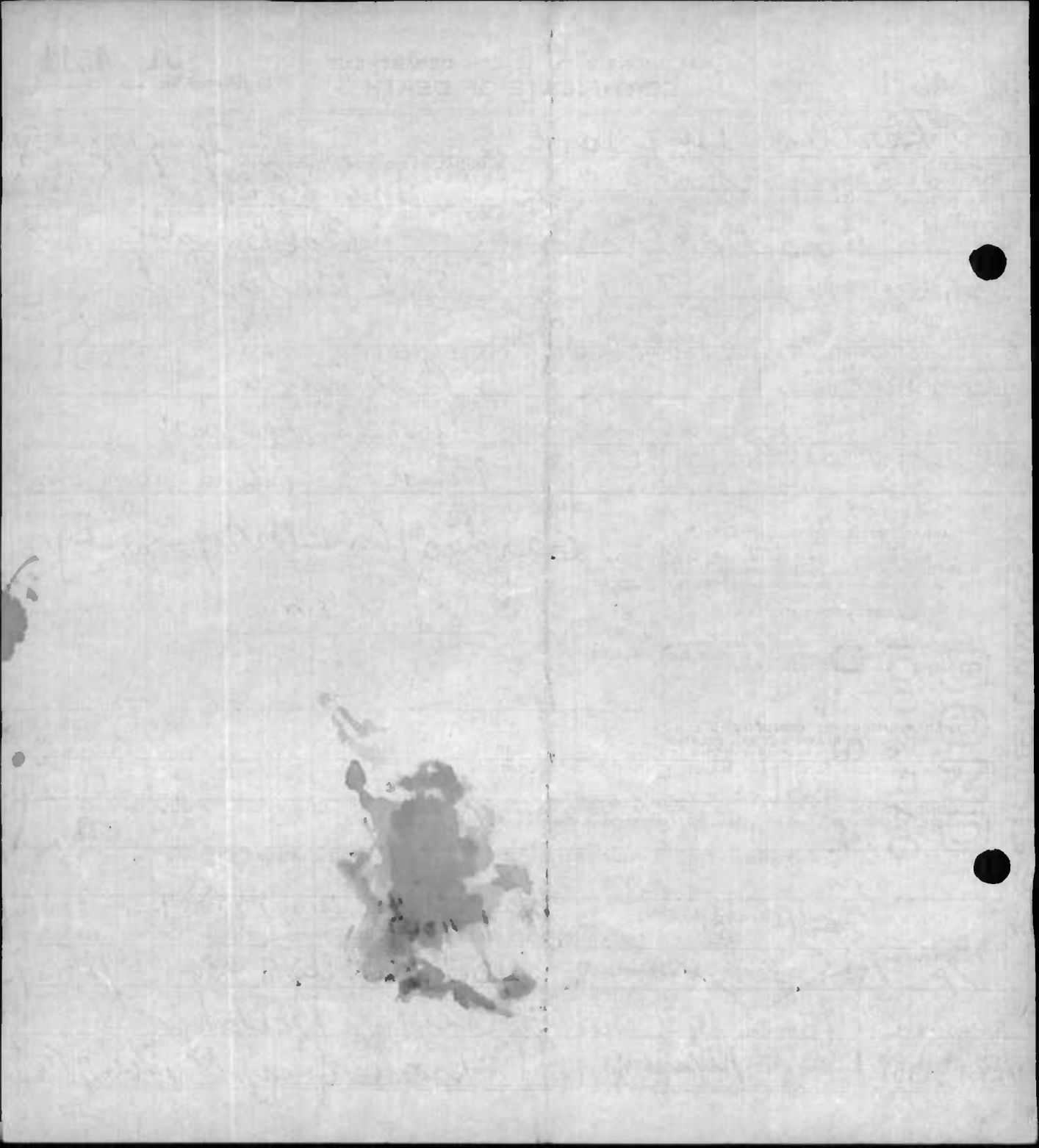
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

2
51 4511
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Bertha Jayson</i>		2. DATE OF DEATH <i>May 17, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>565 BAKER ST.</i>		C. CITY OR TOWN <i>Baltimore</i>	
C. Length of stay in Baltimore <i>74</i>		D. STREET ADDRESS (If rural, give location) <i>565 Baker St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>74</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Charles Young</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Harvey</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Robert J. Jayson</i>		ADDRESS <i>565 Baker St</i>	

18. <i>42.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardio Vascular Degeneration</i>	CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>2 yr</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 17, 1951</i> to <i>May 17, 1951</i> that I last saw the deceased alive on <i>May 17, 1951</i> and that death occurred at <i>11:00 AM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R. Johnson</i>		23B. ADDRESS <i>403 Med Arts Bg</i>		23C. DATE SIGNED <i>5/17/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 21-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western Star</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		25. FUNERAL DIRECTOR <i>W. Brooks Gungold</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 19 1951</i>		REGISTRAR'S SIGNATURE <i>W. Brooks Gungold</i>		ADDRESS <i>14637</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4512
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MILDRED SENNETTA EVANS</i>			2. DATE OF DEATH <i>5-18/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Anne Arundel</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>MERCY HOSP</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE Rural</i>		
C. Length of stay in Baltimore <i>42</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>116 Audrey Ave 5200</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>12/20/09</i>	9. AGE (In years last birthday) <i>41</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H'wife</i>			11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>REAPH RUTTER</i>			14. MOTHER'S MAIDEN NAME <i>FLORENCE KIRREY</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS <i>HOSP RECORDS</i>		

18. <i>415X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Myocardial degeneration</i> DUE TO (B) <i>Rheumatic Cardiovascular Disease</i> DUE TO (C) <i>marked Obesity</i>	INTERVAL BETWEEN ONSET AND DEATH <i>20 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/17/51</i> , 19 <i>51</i> , to <i>5/18/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>5/17/51</i> , 19 <i>51</i> , and that death occurred at <i>7 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John Rogers M.D.</i>		23B. ADDRESS <i>461-402 Medical Arts Bldg.</i>		23C. DATE SIGNED <i>5/18/51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>May 21, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Balt Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 19 1951</i>		25. FUNERAL DIRECTOR ADDRESS <i>St. Bernard Evans 1400 S. Charles</i>	

93c M

100-100

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

100-100



240
1 4513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4513

1. NAME OF DECEASED (Type or Print) ELLEN ALBERTA LESLIE		2. DATE OF DEATH MAY 17, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND. b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 318 E. 22nd STREET		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 9 1/2 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 318 E. 22nd STREET.	
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 26, 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME.	9. AGE (In years last birthday) 86
11. BIRTHPLACE (State or foreign country) SCOTLAND.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME JAMES CUNNINGHAM.		14. MOTHER'S MAIDEN NAME KATHERINE FISHER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT FRANCIS FORTÉ		ADDRESS 318 E. 22nd ST.	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I CORONARY THROMBOSIS DUE TO ARTERIO SCLEROTIC CARDIO-VASCULAR DISEASE	INTERVAL BETWEEN ONSET AND DEATH 2 WKS
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION NONE	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

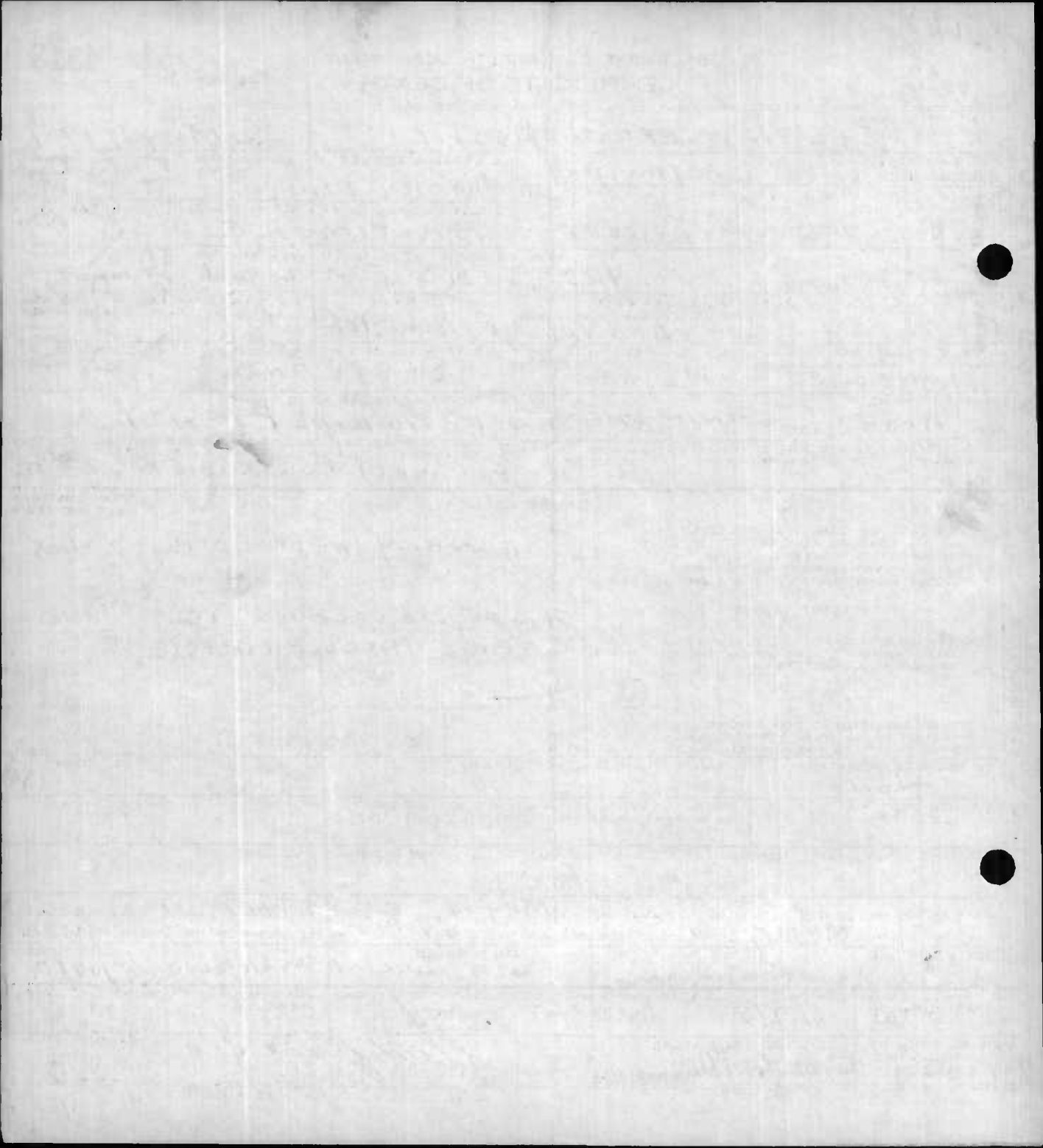
22. I hereby certify that I attended the deceased from **MAY 17, 1951**, to **MAY 17, 1951**, that I last saw the deceased alive on **MAY 17, 1951**, and that death occurred at **4:45 P. M.**, from the causes and on the date stated above.

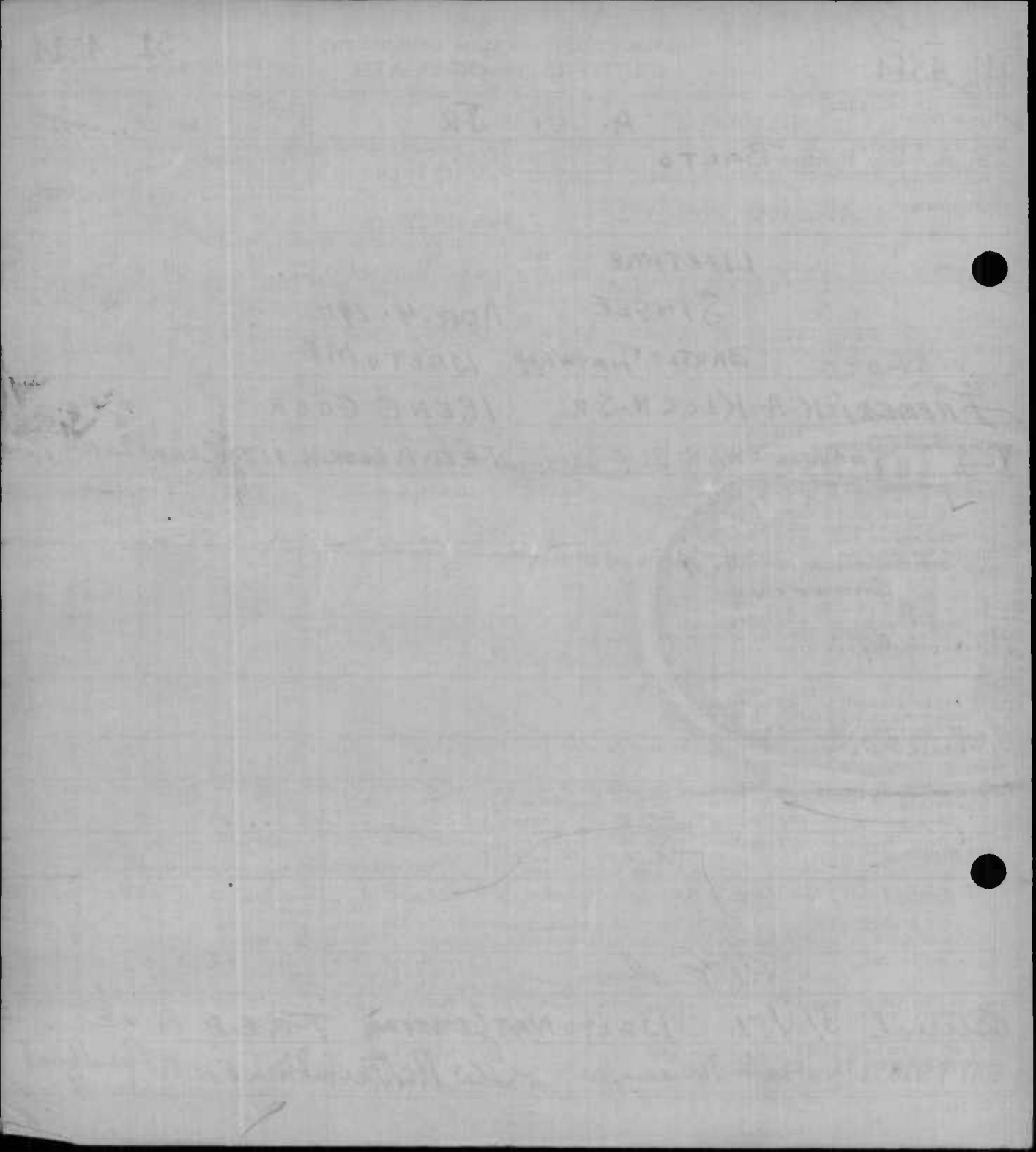
23A. SIGNATURE William Karl	23B. ADDRESS 4230 LOCK HAVEN BLVD.	23C. DATE SIGNED 5/17/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/21/51	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) City
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DATE RECEIVED BY LOCAL REGISTRAR MAY 19 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR WIRDEFIELD & SON	ADDRESS GREENMOUNT AVE & 22nd
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93D





51 4515

51 4515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

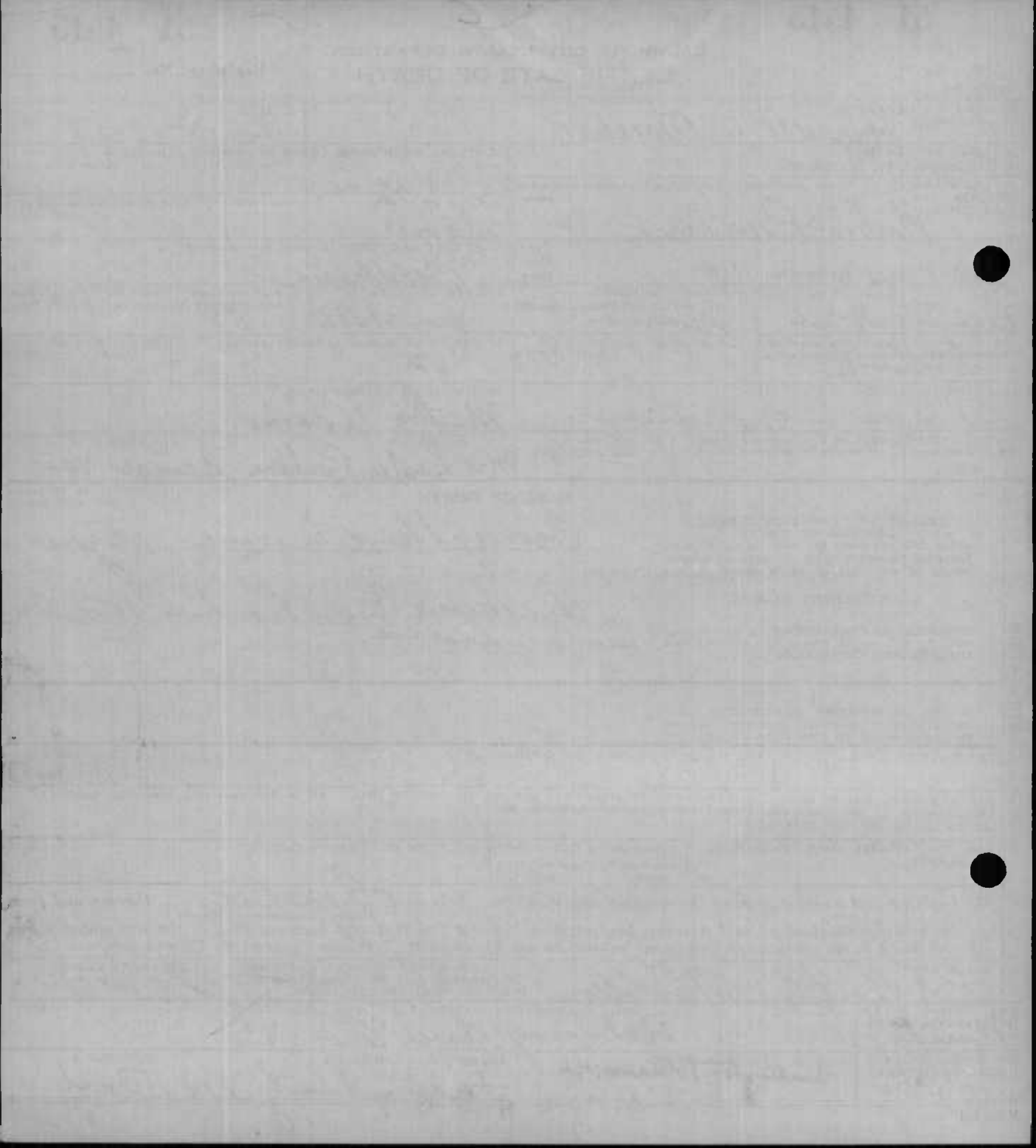
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 4516

51 4516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Burrell E. Harris*2. DATE
OF
DEATH*May 17, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *305 W. Hoffman St.*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) *■* **Carcinoma---Stomach**
DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **AHCV Disease**
DUE TO

?

II

(C) **None**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *8/15/50*, 19*50*, to *5/17/51*, 19*51*, that I last saw the
deceased alive on *5/17/51*, and that death occurred at *8:15 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

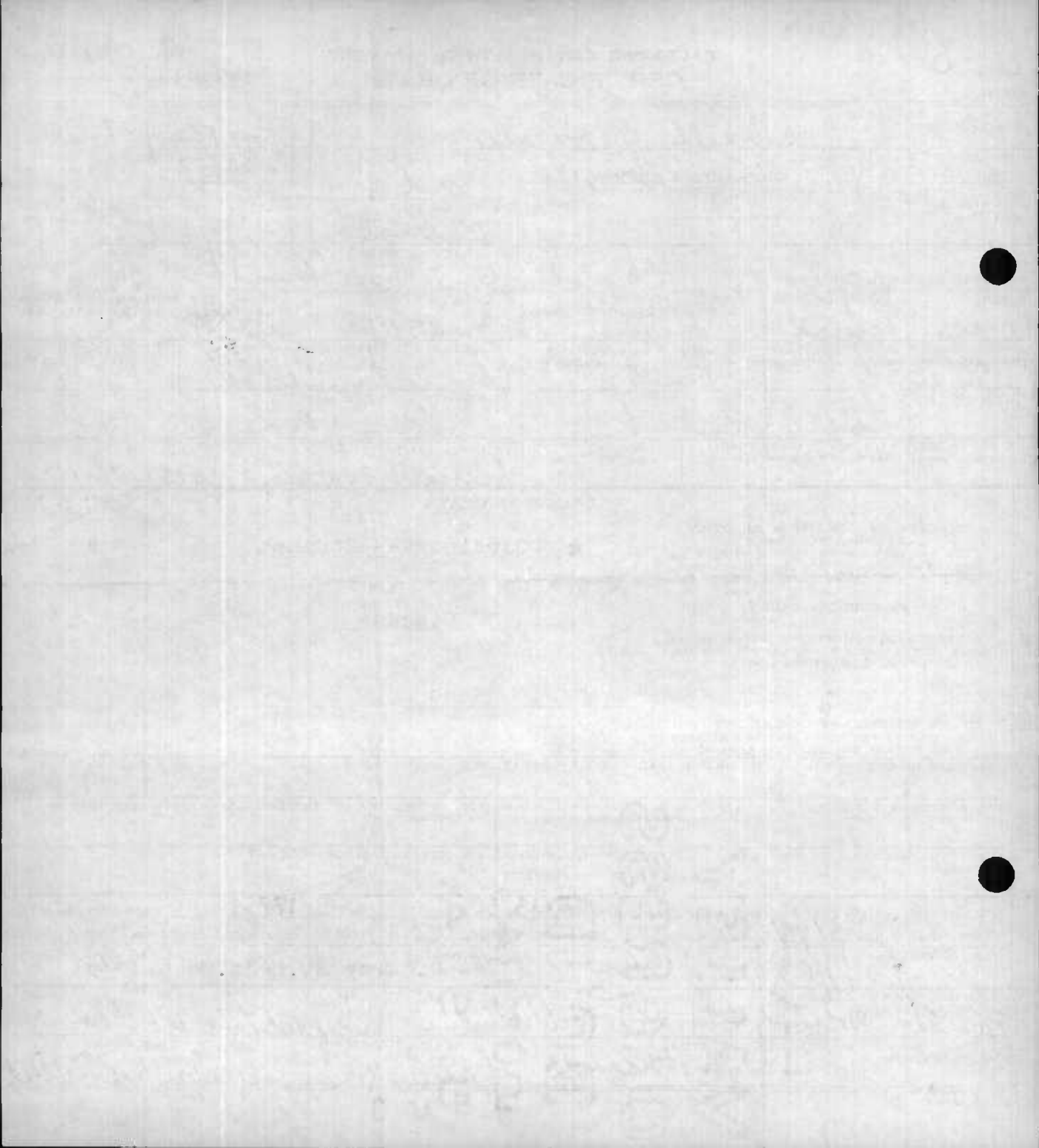
ADDRESS

MAY 20 1951

4508

46R

MEDICAL CERTIFICATION



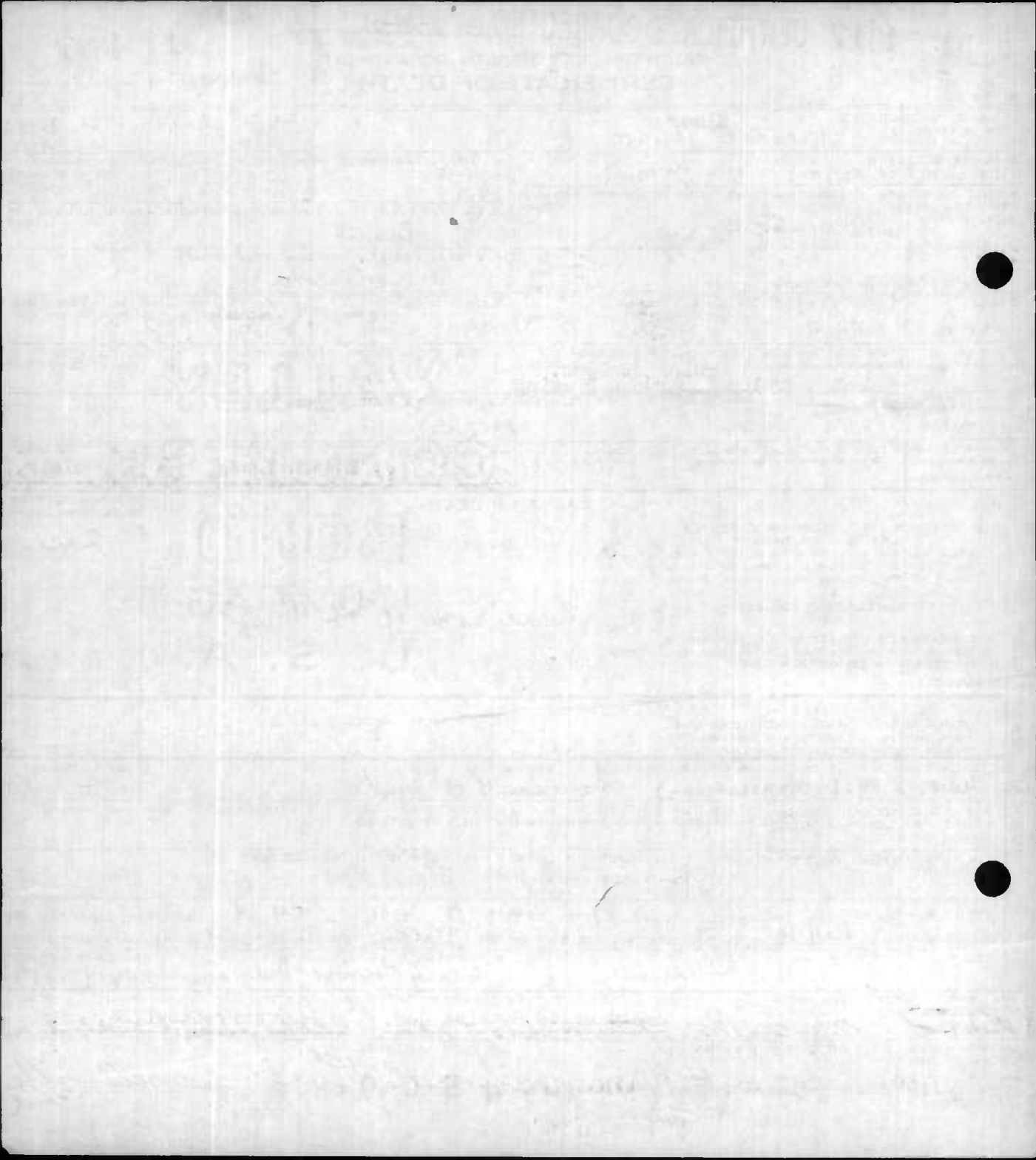
51 4517 CERTIFICATE CORRECTED 5-28-51
BALTIMORE CITY HEALTH DEPARTMENT
51 4517
BIRTH NO. _____
CERTIFICATE OF DEATH Registered No. _____

1. NAME OF DECEASED (Type or Print) Clarence Elmer Young		2. DATE OF DEATH May 19, 1957, 9:25 A.M.	
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Belair	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belair	
C. Length of stay in Baltimore 15 Yrs. 15 Mos. 15 Days		D. STREET ADDRESS (If rural, give location) Emmorton Rd. 6200	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 12, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Army Field Service		10B. KIND OF BUSINESS OR INDUSTRY Ordinance Dept. Aberdeen Proving Ground	
13. FATHER'S NAME John Young, deceased		11. BIRTHPLACE (State or foreign country) Md. 	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME Mary Alice Durham	
17. INFORMANT J. Edward Young		ADDRESS Belair	

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of rt. lung		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION May 18, 1957 (Bronchoscopy)		19B. MAJOR FINDINGS OF OPERATION Carcinoma of rt. lung		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 4, 1957 , to May 19, 1957 , that I last saw the deceased alive on May 19, 1957 , and that death occurred at 9:25 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE E. Eugene Dammann M.D.		23B. ADDRESS Mercy Hospital, Baltimore		23C. DATE SIGNED May 19, 1957
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 22, 1957	24C. NAME OF CEMETERY OR CREMATORY Old Brick Baptist Cem.	24D. LOCATION (City, town, or county) (State) Near Jarrettsville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1957	REGISTRAR'S SIGNATURE Wm. Williams	25. FUNERAL DIRECTOR Charles E. Kutz ADDRESS Jarrettsville Md		

300 3D 47D



54 51 4518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4518

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Entie Sue Bunnells

2. DATE
OF
DEATH

May 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

17-03

D. STREET ADDRESS (If rural, give location)

813 N. Fremont Ave.

c. Length of stay in Baltimore

10 yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.

Female Colored

Married

10-17-17

33

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

at home

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Jannells

14. MOTHER'S MAIDEN NAME

Ella Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 744.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardia Gravis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-26, 1951, to 5-17, 1951, that I last saw the deceased alive on 5-17, 1951, and that death occurred at 1035 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

May 18, 1951

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1951

VS 150

Wm. S. Jackson - 916 Penna. Ave.

156 B

MEDICAL CERTIFICATION

416
51 4519BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4519

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert F. Elburn

2. DATE
OF
DEATH

5/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

?

13. FATHER'S NAME

Owen W. Elburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

7/11

9. AGE (in years
last birthday)

40

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Edwards

17. INFORMANT

ADDRESS

18. 178X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Generalized Neoplastic Disease

2-3 yrs.

DUE TO

Dysgerminoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24/51, 19__, to 5/19/51, 19__, that I last saw the deceased alive on 5/19/51, 19__, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

5/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1951

049 99

51C Md.

MEDICAL CERTIFICATION

2/27/71
Rocky Mts. N.W.
Baker Co. Idaho
M

51 4520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4520

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Abraham Chantker*2. DATE
OF
DEATH*5/10/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived; if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto Md

D. STREET ADDRESS (If rural, give location)

1615 N. Pulaski St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

*M**W**Married**5/10/51**58*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

*Paper Hanger**Poland**U.S.A*

13. FATHER'S NAME

CONIT

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

(Yes, no or unknown)

(If yes, give war or dates of service)

*Lilbi Chantker - 1615 N. Pulaski*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial C.U. disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*C. Lubinski*23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☒23C. DATE SIGNED
5/10/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**5/20/1951**Rosedale**Balto**Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 20 1951**William H. Williams, M.D.**Frank S. B. 2100 Euteria Pl.*

RECEIVED

TO THE SECRETARY OF THE ARMY
WASHINGTON, D. C.
FROM THE SECRETARY OF THE ARMY
WASHINGTON, D. C.
SUBJECT: [Illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official correspondence.]

18758-16

51 4521

51 4521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH LABEL

2. DATE
OF
DEATH

MAY 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

SINAI HOSP. INC.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MASS.

B. COUNTY

V-18

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

NEWTON

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

3

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1881

9. AGE (in years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HSW

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.-9.

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sam Label - Newton, Mass

1B. 4/20.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE AND ARTERIO-SCLEROTIC
HEART DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes Mellitus
Gall bladder disease. Pt. expired about
12 hrs. post cholecystectomy.

19A. DATE OF OPERATION

5-18-51

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1951, to May 19, 1951, that I last saw the
deceased alive on May 19, 1951, and that death occurred at 12 AM., from the causes and on the date stated above.

23A. SIGNATURE

Bernard J. Wolfson

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

May 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/20/1951

24C. NAME OF CEMETERY OR CREMATORY

Southern Ave

24D. LOCATION (City, town, or county)

Balto

(State)

Maj

DATE RECEIVED BY
LOCAL REGISTRAR

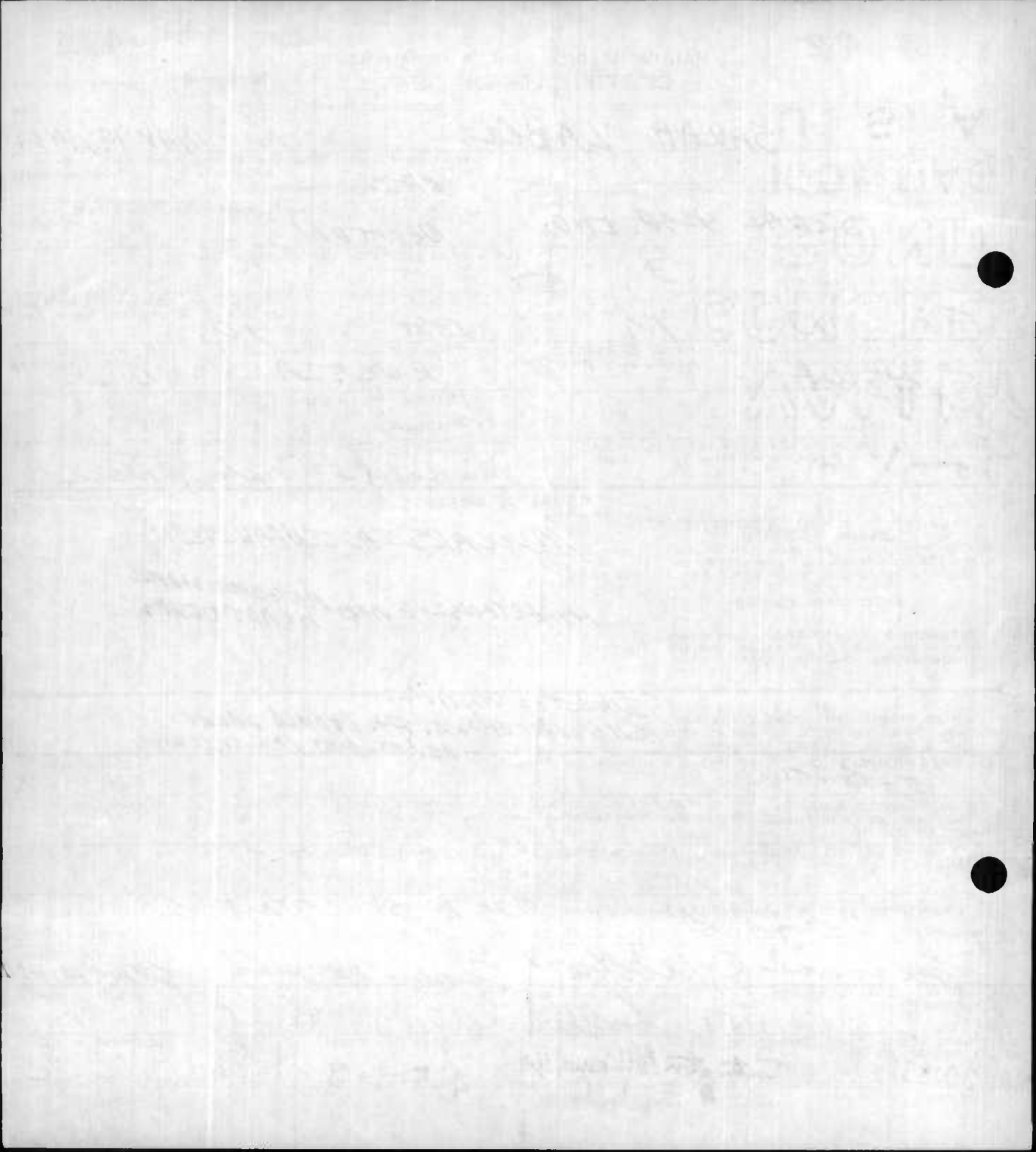
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis, Inc. - 2100 Easton Pl



51 4522

51 4522

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LOUIS SILVERMAN		2. DATE OF DEATH MAY 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2510 QUANTICO AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-13	
C. Length of stay in Baltimore 50 Yrs. Mos.		D. STREET ADDRESS (If rural, give location) 2510 QUANTICO AVE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		11. BIRTHPLACE (State or foreign country) RUSSIA	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME NOT KNOWN		14. MOTHER'S MAIDEN NAME NOT KNOWN	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JENNIE SILVERMAN - 2510 QUANTICO AVE.
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18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO Coronary Occlusion DUE TO Arteriosclerosis HT Dis.	INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days
---	--

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 8, 1951**, to **May 18, 1951**, that I last saw the deceased alive on **5/18, 1951**, and that death occurred at **3:15 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE Joe Smith	23B. ADDRESS 2426 Euter Pl	23C. DATE SIGNED 5/18/51
------------------------------------	--------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MAY 20, 1951	24C. NAME OF CEMETERY OR CREMATORY ROSEDALE	24D. LOCATION (City, town, or county) (State) BALTO. MD
--	----------------------------------	---	---

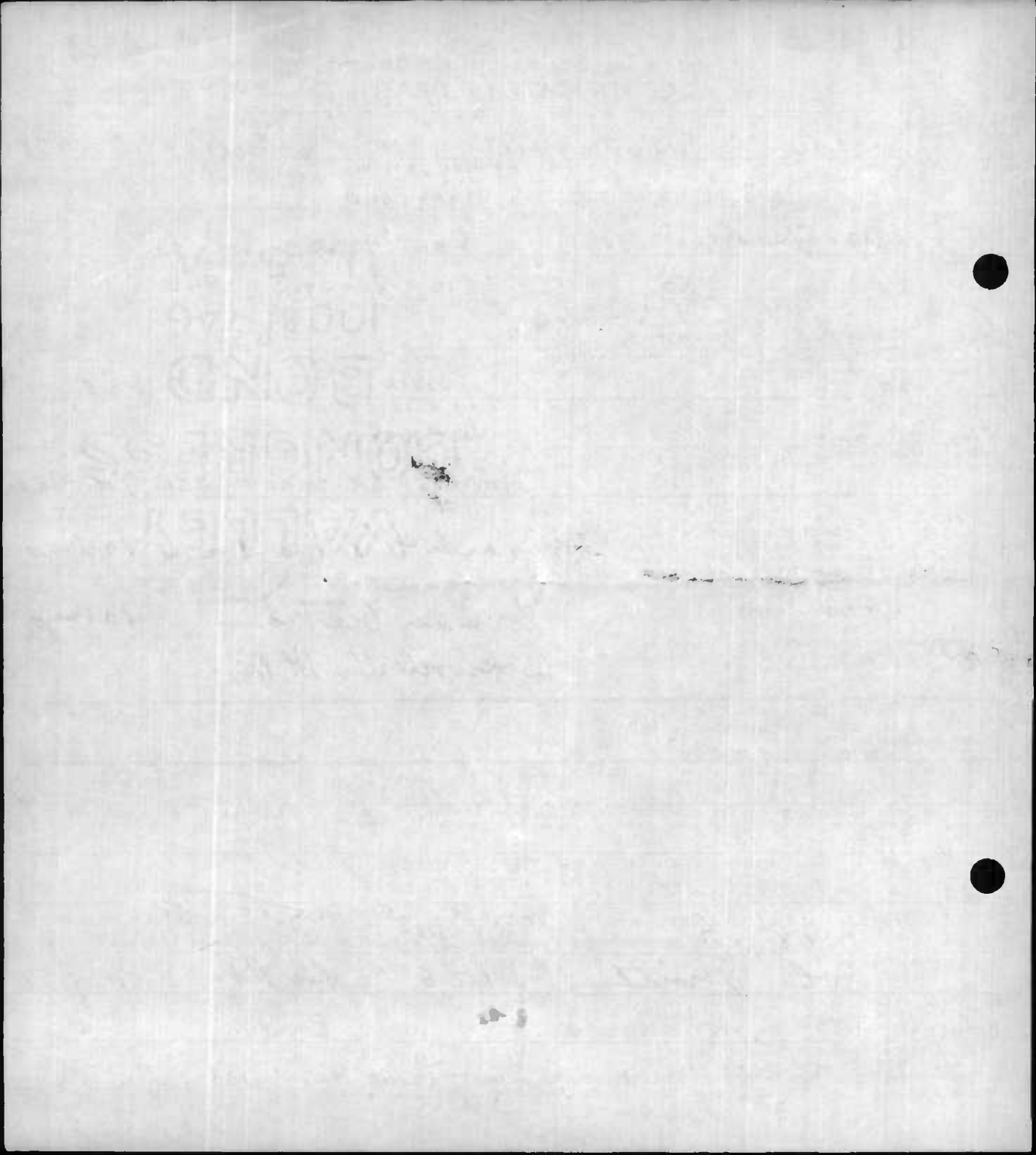
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1951	REGISTRAR'S SIGNATURE Thurston Williams	25. FUNERAL DIRECTOR ADDRESS Joseph Lewis Inc - 2100 Euter Pl
--	---	---

VS 150

5906E

93D

MEDICAL CERTIFICATION



362 51

4523

CERTIFICATE CORRECTED

5-28-51

51

4523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eva S Waters

2. DATE
OF
DEATH

May 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1439 Homestead St

C. CITY OR TOWN

Baltimore Md

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1439 Homestead St

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 26, 1892

9. AGE (In years last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Drug Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Sales

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Martin Schmelz

14. MOTHER'S MAIDEN NAME

Sarah Sherwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
212-07-1318

17. INFORMANT

ADDRESS

Margaret Bryan. (Sister) 1439 Homestead St

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 20, 1951, to May 18, 1951, that I last saw the deceased alive on May 17, 1951, and that death occurred at 1030 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1951

VS 150

49062

462

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

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PLANT INDUSTRY REPORT

242

51 4524

ND-148628
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4524
Registered No.

1. NAME OF DECEASED (Type or Print) Ruth Mickles		2. DATE OF DEATH May 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 25 Yrs. 7 Mos. 1 Day		D. STREET ADDRESS (If rural, give location) 919 Harlem Avenue (17)	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 16, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 45
13. FATHER'S NAME James Johnson		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Grace ?	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

MEDICAL CERTIFICATION

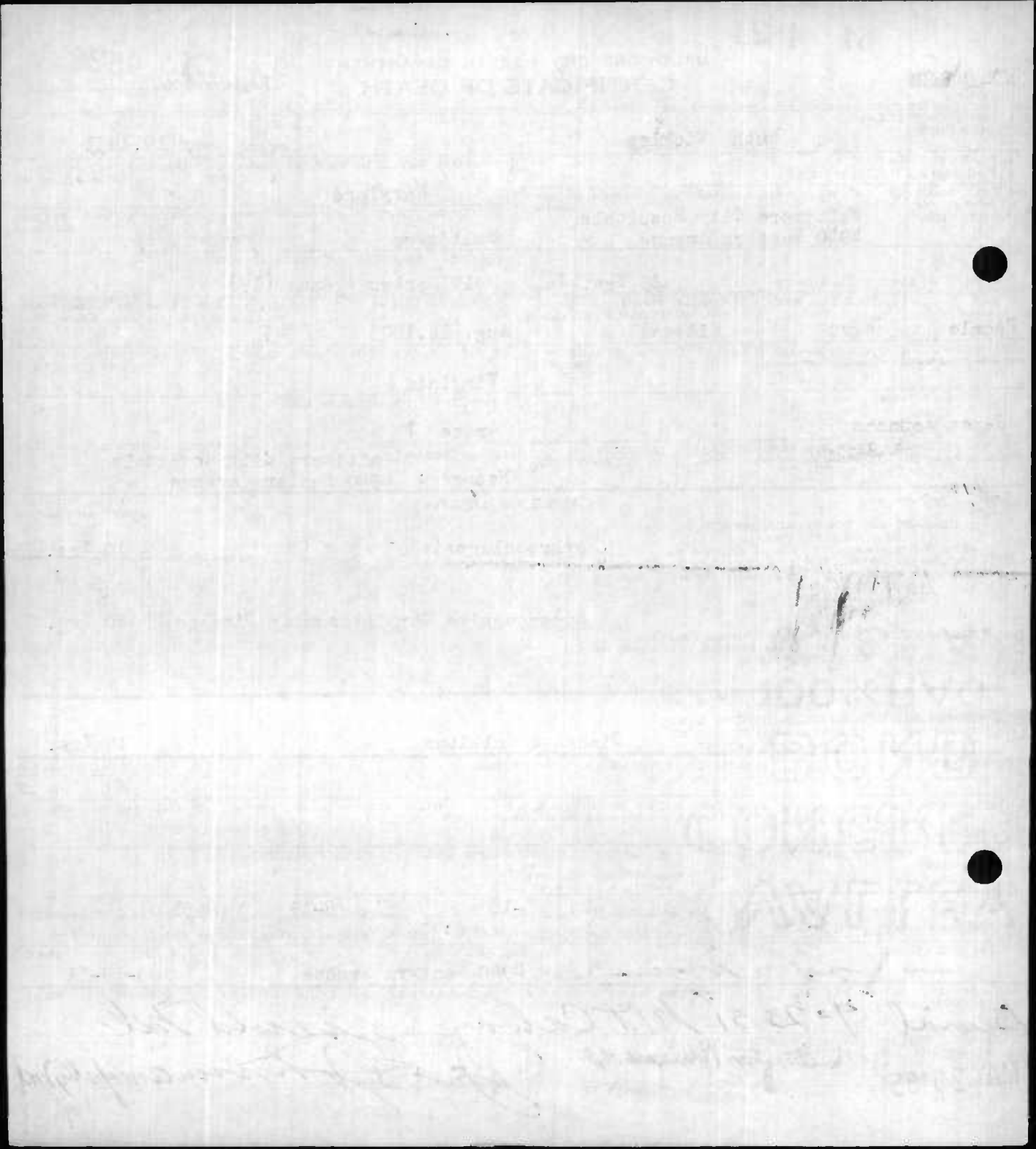
18. 44rx DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Nephrosclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 10 Yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular Disease DUE TO		20 Yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus		10 Yrs.

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **5-18**, 19**51** to **5-19**, 19**51**, that I last saw the deceased alive on **5-19**, 19**51**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 5-19-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-23-51	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary
24D. LOCATION (City, town, or county) (State) Arnold Md.	24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1951	
24F. REGISTRAR'S SIGNATURE <i>[Signature]</i>		24G. FUNERAL DIRECTOR <i>[Signature]</i>
24H. ADDRESS		24I. ADDRESS

61



51 4525

51 4525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

50-12888

1. NAME OF DECEASED
(Type or Print)

ELAINE ELLIS

2. DATE
OF DEATH

MAY 18, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

HLH - OPD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

8-06

d. STREET ADDRESS (If rural, give location)

1622 N. Dallas St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

6-29-1950

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

11

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

LAWRENCE ELLIS

14. MOTHER'S MAIDEN NAME

Thelma Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 493X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5-18-1951, to 5-18-1951, that I last saw the
deceased alive on 5-18-1951, and that death occurred at 7 a.m., from the causes and on the date stated above.

23a. SIGNATURE

M. D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

5-18-51

24a. BURIAL, CREMA-
TION REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1951

Huntington Williams, M.D.

Mrs. Robert A. Elliott, Daughter

1.1.1

1.1.1.1

1.1.1.1.1

1.1.1.1.1.1

1.1.1.1.1.1.1

1.1.1.1.1.1.1.1

1.1.1.1.1.1.1.1.1

1.1.1.1.1.1.1.1.1.1

1.1.1.1.1.1.1.1.1.1.1

1.1.1.1.1.1.1.1.1.1.1.1

1.1.1.1.1.1.1.1.1.1.1.1.1

10-31-2

AB-137127

51 4526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4526

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Clara Brown

2. DATE
OF
DEATH

5-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-12

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Baltimore City Hospitals

C. Length of stay in Baltimore

2 1/2 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

?-?-1861?

9. AGE (In years last birthday)

90?

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Augustus Brown

14. MOTHER'S MAIDEN NAME

Amelia Patterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Gastric Ulcer

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of head of Pancreas

DUE TO

6 months

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-1950, to 5-17-1951, that I last saw the deceased alive on 5-17-1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Chosen

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore Md.

23C. DATE SIGNED

5-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1951

W. H. Williams, M.D.

Mrs. Robert G. Elliott & Daughter

CONFIDENTIAL



51 4527

51 4527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George W. Gipe		2. DATE OF DEATH May 17th., 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1313 E. Lafayette Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1313 E. Lafayette Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 31st. 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10B. KIND OF BUSINESS OR INDUSTRY Lunch Room	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John H. Gipe		14. MOTHER'S MAIDEN NAME Mary Mopps	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 217-14-2779	
17. INFORMANT Mrs. Bertha E. Slaughter		ADDRESS 6104 Old Harford Rd	

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Degeneration Myocarditis Parkinsonism	CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION May 1, 1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 1, 1946 to May 17, 1951 , that I last saw the deceased alive on June 15, 1950 , and that death occurred at 1245 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE E. G. Flanagan Jr.		23B. ADDRESS 3501 Fair Ave		23C. DATE SIGNED 5-18-51

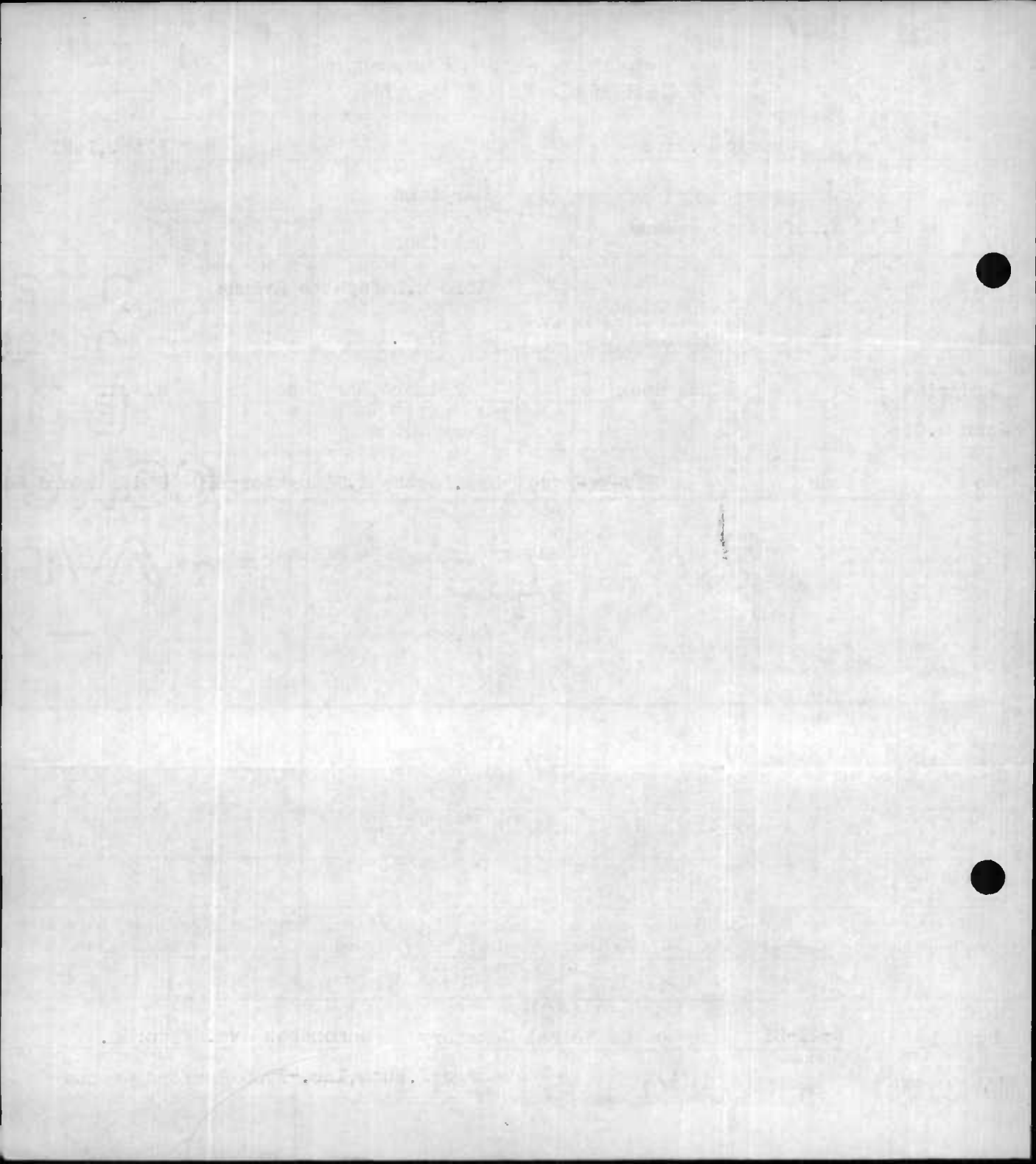
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-21-51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Edmondson Ave. Balto: Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 20 1951		REGISTRAR'S SIGNATURE George J. Ruth, Inc.	
25. FUNERAL DIRECTOR George J. Ruth, Inc.		ADDRESS -1735 Harford Avenue	

VS 150

2906M

93D

MEDICAL CERTIFICATION



51 4528

51 4528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary R. Staley

2. DATE
OF
DEATH

May 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland/1634 N. Appleton St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1, 1878

9. AGE (in years
last birthday)

73

10. Under 1 Year
Months: Days

4 18

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Johnson

14. MOTHER'S MAIDEN NAME

Carrie Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J. Bruce Edmery, 1634 N. Appleton St.

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Atherosclerosis, 2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1950 to May 19, 1951, that I last saw the
deceased alive on May 19, 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1951

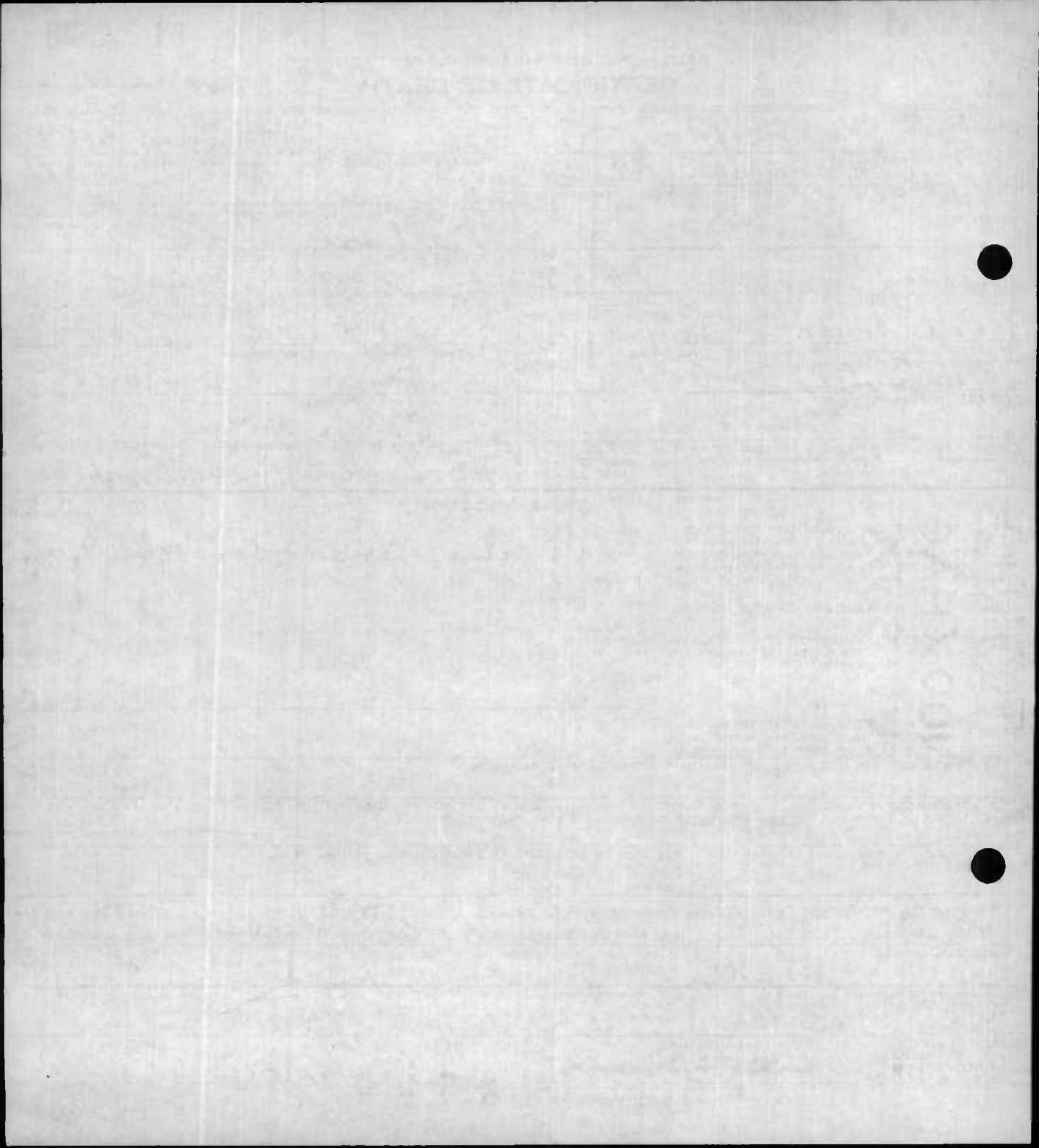
L. H. Williams

Charles R. Law, 802 Madison Ave

VS 150

931

MEDICAL CERTIFICATION



51

4529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

4529

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAISY

PARKER

2. DATE
OF
DEATH

May 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

2115 Division Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 25, 1891

9. AGE (in years
last birthday)

60

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Samuel Gaines

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Earl Parker, son, 2115 Division Street

18. E98rx

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of chest involving aorta

ANTECEDENT CAUSES

(B) ~~stab wound~~ with intrapericardial and intra-
thoracic hemorrhageDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2115 Division Street

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

May 18, 1951 2:30 P. m.

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Stabbed with ice pick

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 19, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 22, 1951

Arbutus Mem. Park

Baltimore Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 20 1951

[Signature]

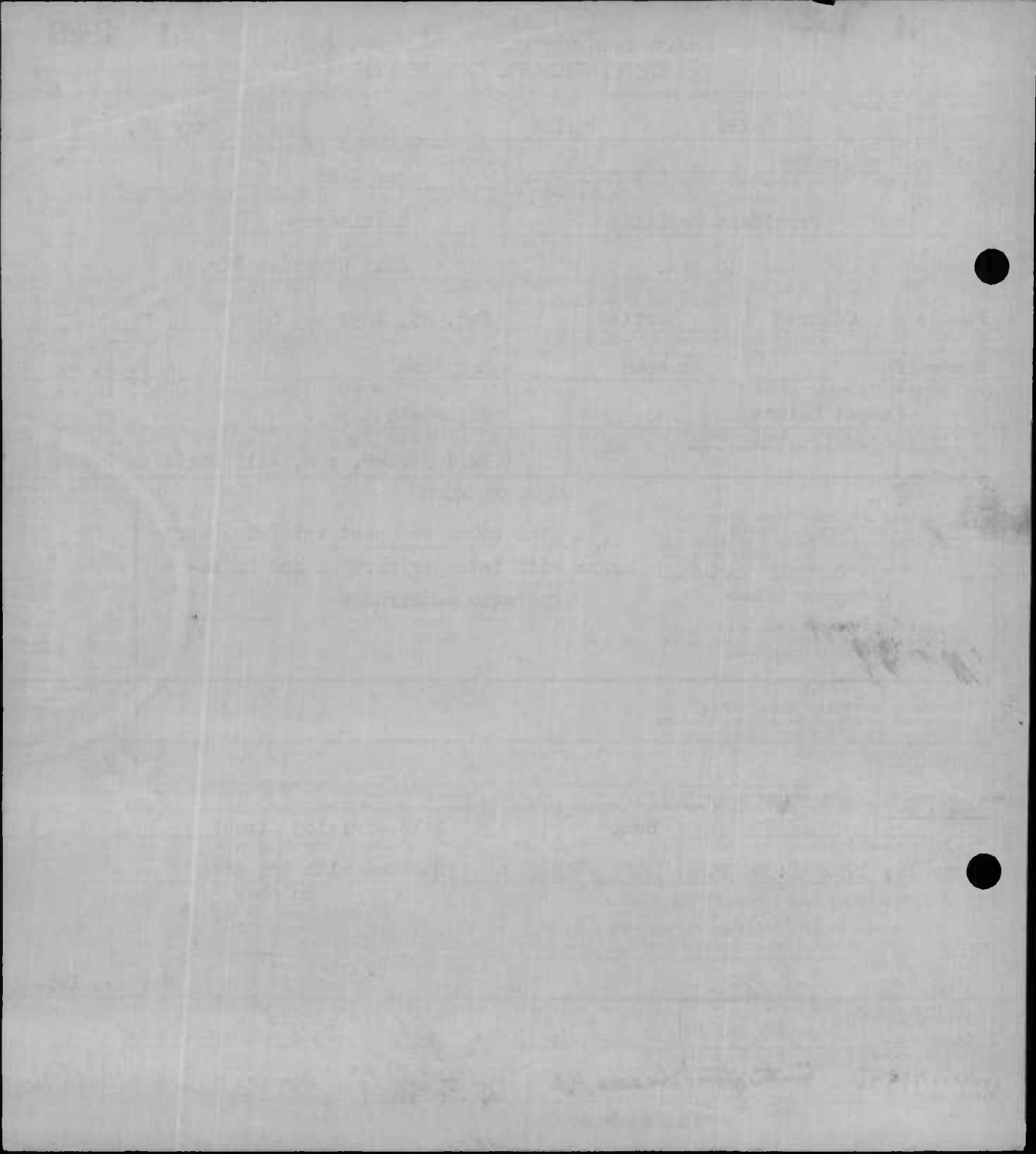
[Signature] 102 Madison Ave Balt. Md.

VS 151

N-8612

167

MEDICAL CERTIFICATION



600 51 4530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4530

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN PETER YORI

2. DATE
OF
DEATH

5-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1519 Bank Street - 31

Length of stay in Baltimore

40 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-15-87

9. AGE (in years
last birthday)

63

11 Under 1 Year
Months: Days

11 1

12 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Beatrice Yori 1519 Bank Street - 31

18. 492X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bilateral pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiac failure.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-16-1951 to 5-17-1951, that I last saw the
deceased alive on 5-17-1951 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St. - 13

5-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

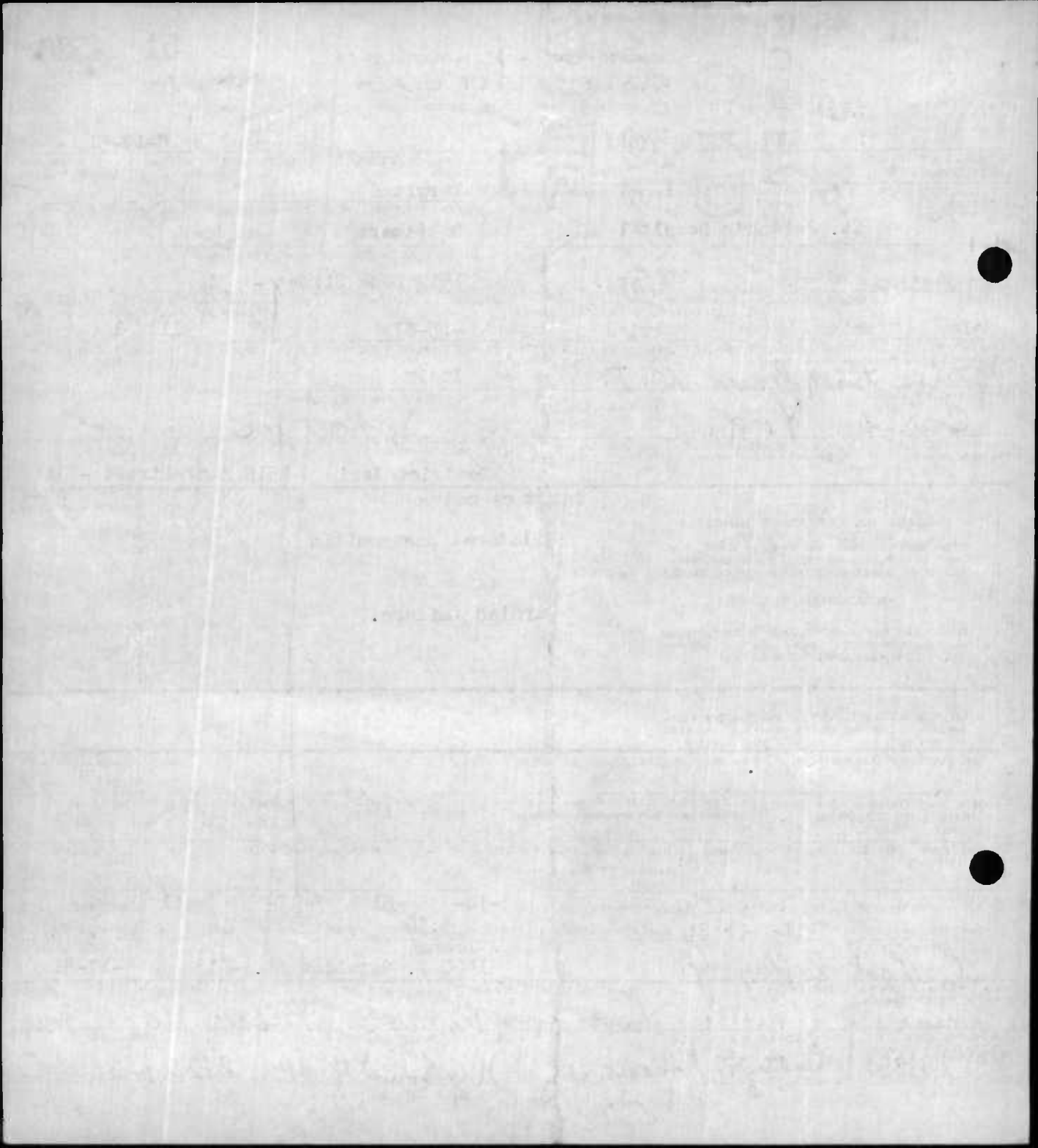
ADDRESS

MAY 20 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 4531

51 4531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Norman Maisel

2. DATE
OF
DEATH

5-19-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

ST. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Catonsville, Baltimore 28

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

579, Ingleside 5300

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

male

white

divorced

9-7-1899

57

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Maisel

14. MOTHER'S MAIDEN NAME

Annie Warner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

(Yes, no or unknown)

(If yes, give war or dates of service)

213038047

Grace B. Prevost

Catonsville

18. 581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Left Ventricular Regeneration

(B)

DUE TO

Hypertrophy & atony

(C)

Grade IV Congestive Failure

Fatty Regeneration Liver

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatic Myocarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/18, 1951 to 5/19, 1951, that I last saw the
deceased alive on 5/19, 1951, and that death occurred at 2:20 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (city, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1951

Huntington Williams, M.D.

J. J. Webb & Son

VS 150

51024

Catonsville

61

MEDICAL CERTIFICATION

1. The first of these is the
 2. second of these is the
 3. third of these is the
 4. fourth of these is the
 5. fifth of these is the
 6. sixth of these is the
 7. seventh of these is the
 8. eighth of these is the
 9. ninth of these is the
 10. tenth of these is the

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

620 51 4532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4532
Registered No.

BIRTH NO. 51-10812

1. NAME OF DECEASED
(Type or Print)

Baby Boy Brooks

2. DATE
OF
DEATH

5/10/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

650 DORR ST. DOWER

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/10/51

9. AGE (In years, last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

1/2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Univ. Hosp.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

VERNON ELBRIDGE BROOKS

14. MOTHER'S MAIDEN NAME

REBECCA GRAHAM

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CONGENITAL HEART

DUE TO

Dextro. Cardio

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Pulmonary Pathology?

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ HOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1951, to 5/10, 1951, that I last saw the deceased alive on 5/10, 1951, and that death occurred at 8:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

William S. Womack

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 15 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William S. Womack, M.D.

25. COMM. NO. DIRECTOR

ADDRESS

Commissioner of Health

MAY 21 1951

VS 150

4 5 12 4

157E

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

FILE



51 4533

MEMILLAR

51 4533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51-10095

1. NAME OF DECEASED
(Type or Print)

Allen McMillar

2. DATE
OF
DEATH

5-10-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Univ. Hosp.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5-5-51

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

5

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Buster McMillar

14. MOTHER'S MAIDEN NAME

Rebecca Powell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rebecca McMillar

18.

767.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Sepsis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Emphysema

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-9, 1951, to 5-10, 1951, that I last saw the
deceased alive on 5-10, 1951, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1951

John H. Williams, M.D.

Commissioner of Health

VS 150

4533

161B

MEDICAL CERTIFICATION

10095

500 51 4534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4534

BIRTH NO. 51-10401

1. NAME OF DECEASED (Type or Print) BABY GIRL TAWNEY		2. DATE OF DEATH May 10th 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, in institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital for Women of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Reisterstown	
C. Length of stay in Baltimore —		D. STREET ADDRESS (If rural, give location) Woodley Avenue 5300	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH May 9th 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		10B. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) Baltimore - Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Carl Munroe Tawney		14. MOTHER'S MAIDEN NAME Mildred Elizabeth Ruppert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	
17. INFORMANT —		ADDRESS —	

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) abrupt death		INTERVAL BETWEEN ONSET AND DEATH 24 hours
DUE TO (A) —		—
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Pneumonia		
DUE TO (C) —		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Severe pre-eccliptic trauma		—

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME (Month) (Day) (Year) (Hour) INJURY —		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? —
22. I hereby certify that I attended the deceased from 5-9-1951 to 5-10-1951 that I last saw the deceased alive on 3rd P , 1951, and that death occurred at 3rd P m., from the causes and on the date stated above.				
23A. SIGNATURE Louis A. Rocco, MD		23B. ADDRESS Womans Hospital		23C. DATE SIGNED 5-11-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 5-11-51	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) MAY 5 1951
DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1951	REGISTRAR'S SIGNATURE Wilmington Williams, MD	25. FUNERAL DIRECTOR Commissioner of Health	

VS-150

04526

159

MEDICAL CERTIFICATION

SAFETY INFORMATION

General Information

1. Title

2. Summary

3. Objectives

4. Methods

5. Results

6. Conclusions

7. References

8. Appendixes

9. Bibliography

263 51 4535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4535

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Hogarty John</i>		2. DATE OF DEATH <i>5-17-57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 22-04</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>4516 Manor Lane Rd</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-9-1912</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Teacher</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Balto. Co.</i>	9. AGE (In years last birthday) <i>38</i>
11. BIRTHPLACE (State or foreign country) <i>Mass</i>		12. CITIZEN OF WHAT COUNTRY? <i>Mass</i>	
13. FATHER'S NAME <i>John Hogarty</i>		14. MOTHER'S MAIDEN NAME <i>Mary Gatten</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war & dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Claire Hogarty</i>		ADDRESS <i>4516 Manor Lane</i>	

18. *002X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cerebral tbc

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Renal and pneumonia tbc.

(C) DUE TO

Hypertensive Heart disease.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-8-57* to *5-17-57*, 19*57* that I last saw the deceased alive on *5-17-57*, 19*57*, and that death occurred at *1:42* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert K. Kline

M. D.

23B. ADDRESS

3105 N. Charles St.

23C. DATE SIGNED

5-17-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

*Burial**May 21/57*

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral, Balto. 29. Ind

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

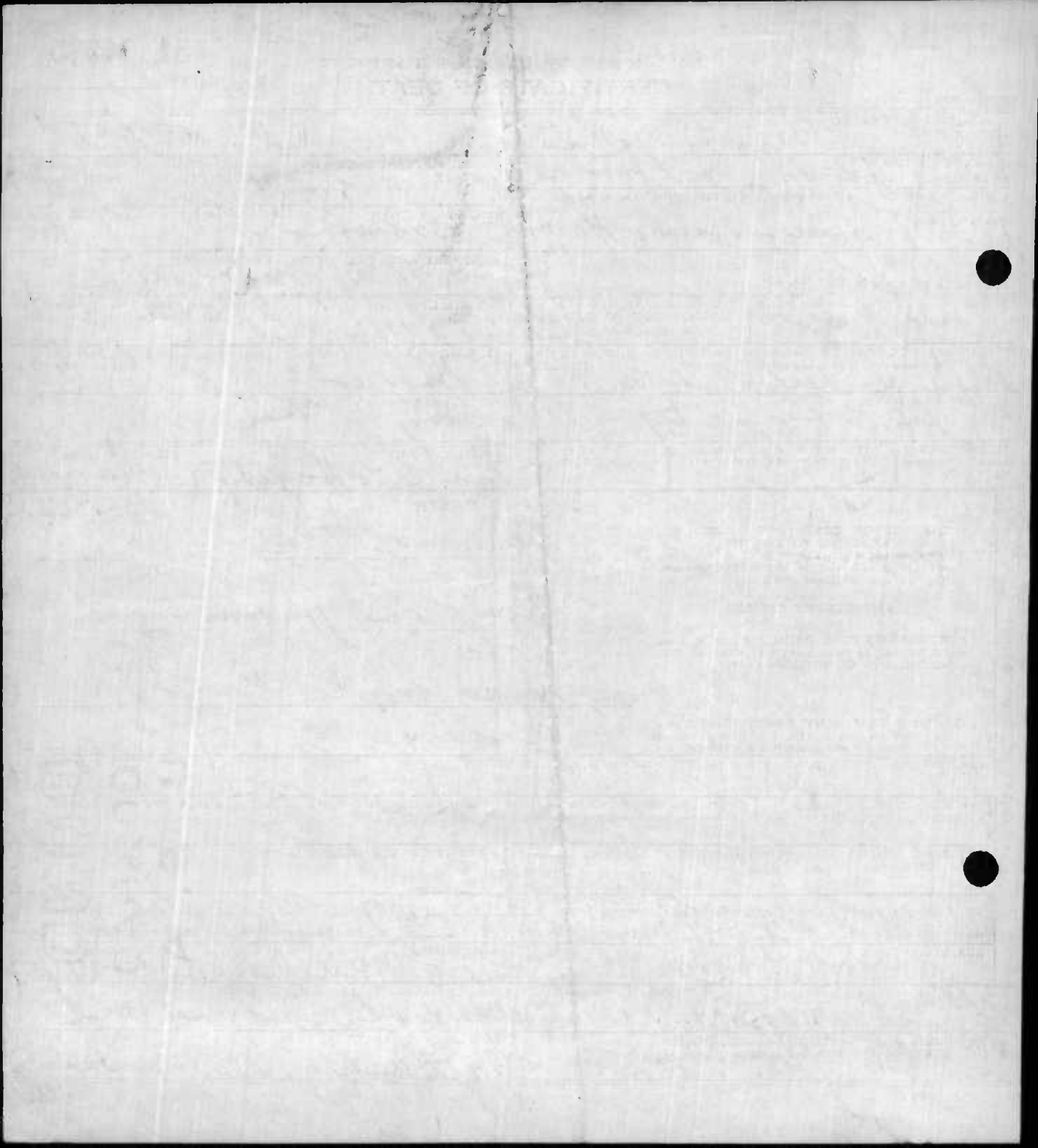
REGISTRAR'S SIGNATURE

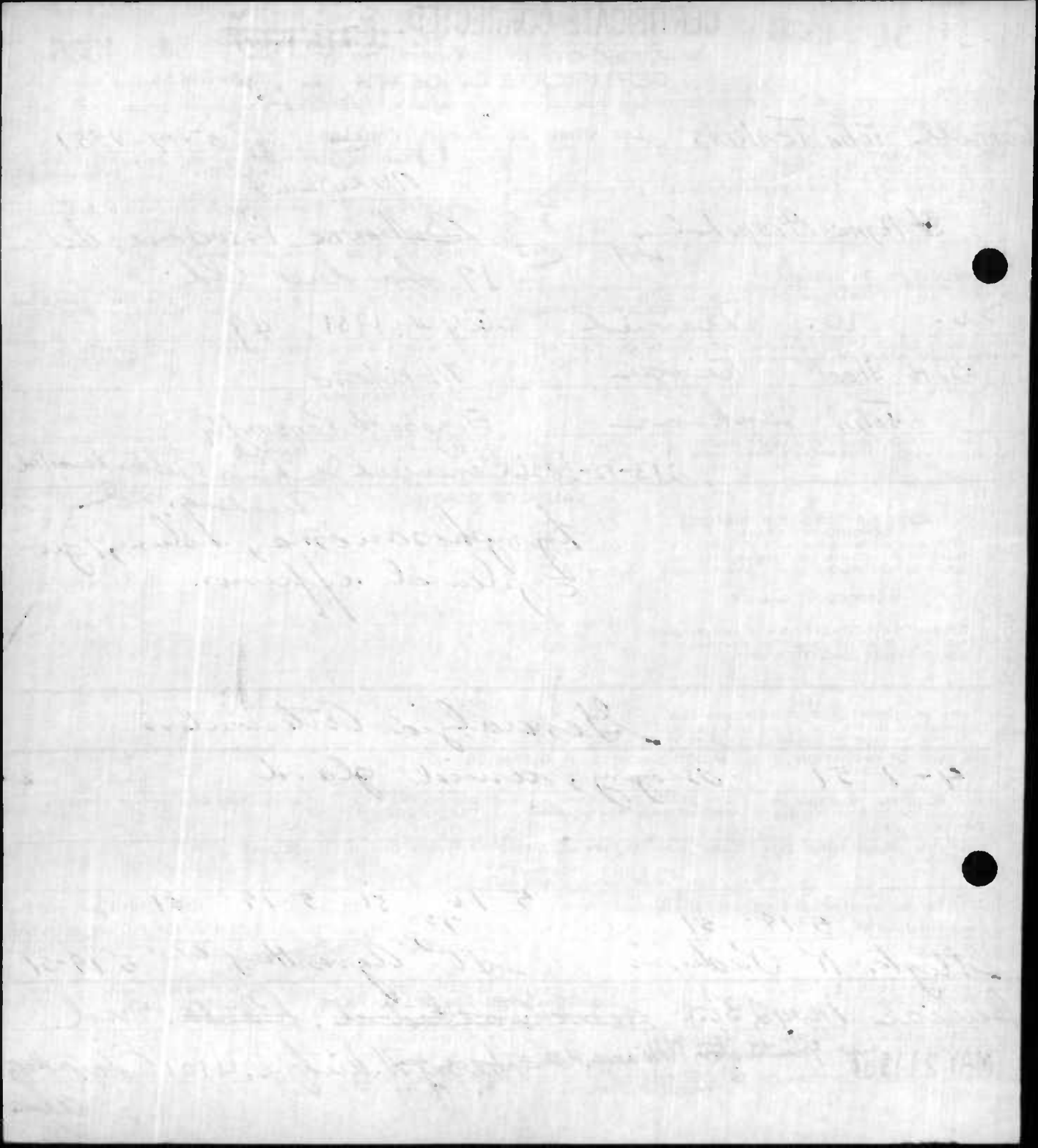
William J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Henry H. Kline, 4101 Edmondson





BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN F. ROSSMAN

2. DATE
OF
DEATH

5/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

LUTHERAN HOSP. OF MD.

Yrs.

Mos.

Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

25-03

D. STREET ADDRESS (If rural, give location)

1529 FILBERT ST. #26

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Sept. 2/1875

9. AGE (In years last birthday)

76

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FOREMAN

10B. KIND OF BUSINESS OR INDUSTRY

INDUSTRIAL MAINTENANCE

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MR. ROSSMAN

1529 FILBERT ST.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia, bilateral

1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Acute coronary insufficiency

1 mo.

DUE TO

(C)

Arteriosclerotic cardiovascular dis.

chronic

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Parkinsonism, Renal insufficiency

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 21, 1951, to May 19, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Muriel S. Daly

M. D.

Luthran Hosp. of Md.

5/20/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

5/23/51

CEDAR HILL

RITCHIE HIGHWAY

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

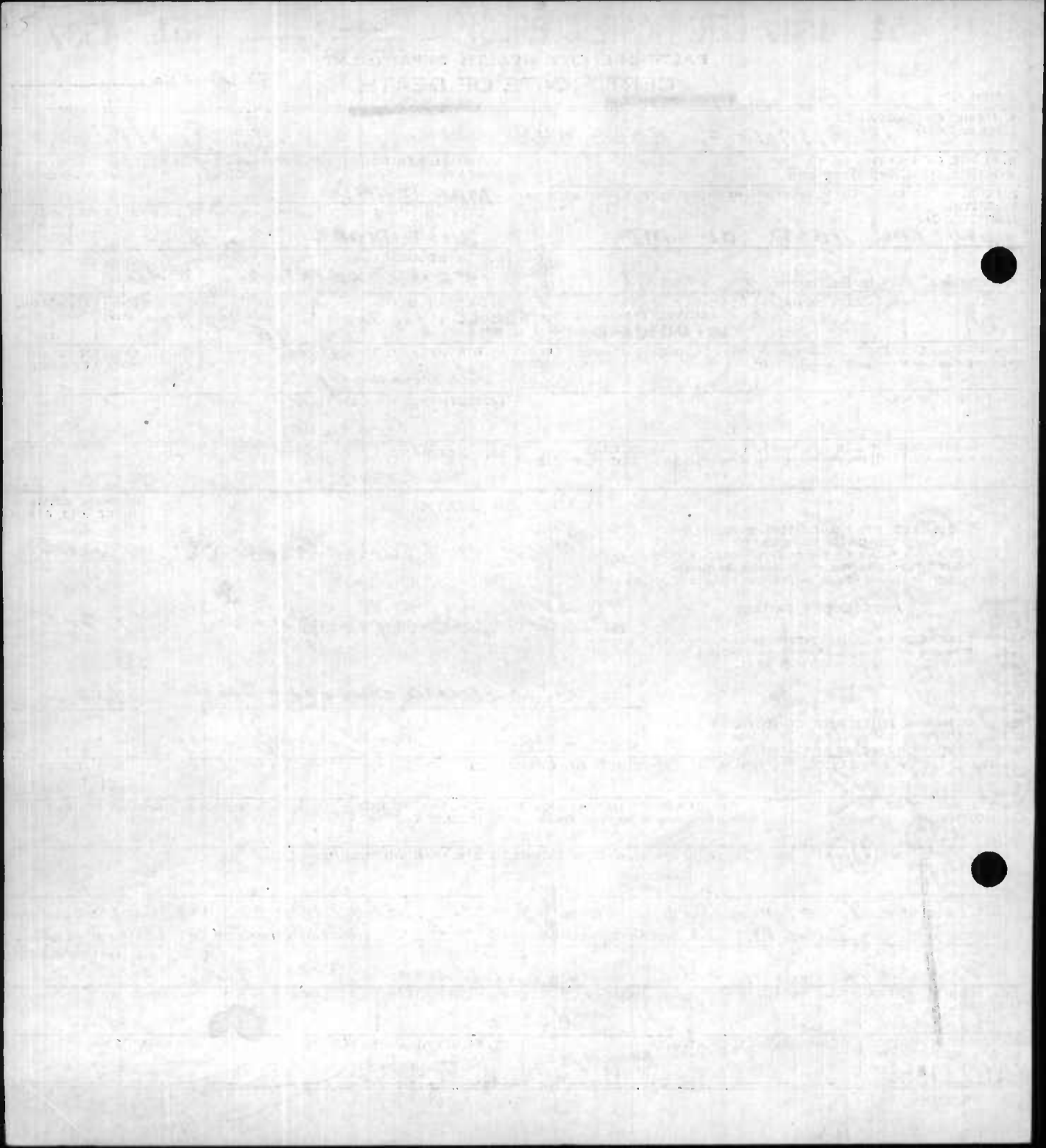
ADDRESS

MAY 21 1951

VS 150

F. DENNY, INC 715 LIGHT ST

108 -30



54 51 4538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4538

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALVIN DEICHMILLER

2. DATE
OF
DEATH

5/19/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

UNIVERSITY HOSPITAL

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

PASADENA

d. STREET ADDRESS (If rural, give location)

5200

e. Length of stay in Baltimore

24 Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/21/1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months Days

11 29

If Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

TOOK & DIE MAKER

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

FREDERICK DEICHMILLER

14. MOTHER'S MAIDEN NAME

LOUISA KOCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS ALVIN DEICHMILLER - PASADENA, MD

18. 155X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) PRIMARY HEPATOMA c
DUE TO WIDESPREAD METASTASES

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

5/16/51

19b. MAJOR FINDINGS OF OPERATION

PRIMARY HEPATOMA

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1951, to 5/19, 1951, that I last saw the
deceased alive on 5/19, 1951, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE

John F. Strahan

M. O.

23b. ADDRESS

University Hospital

23c. DATE SIGNED

5/19/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

BURIAL

5/23/51

24c. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN.

24d. LOCATION (City, town, or county)

RITCHIE HGWY

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

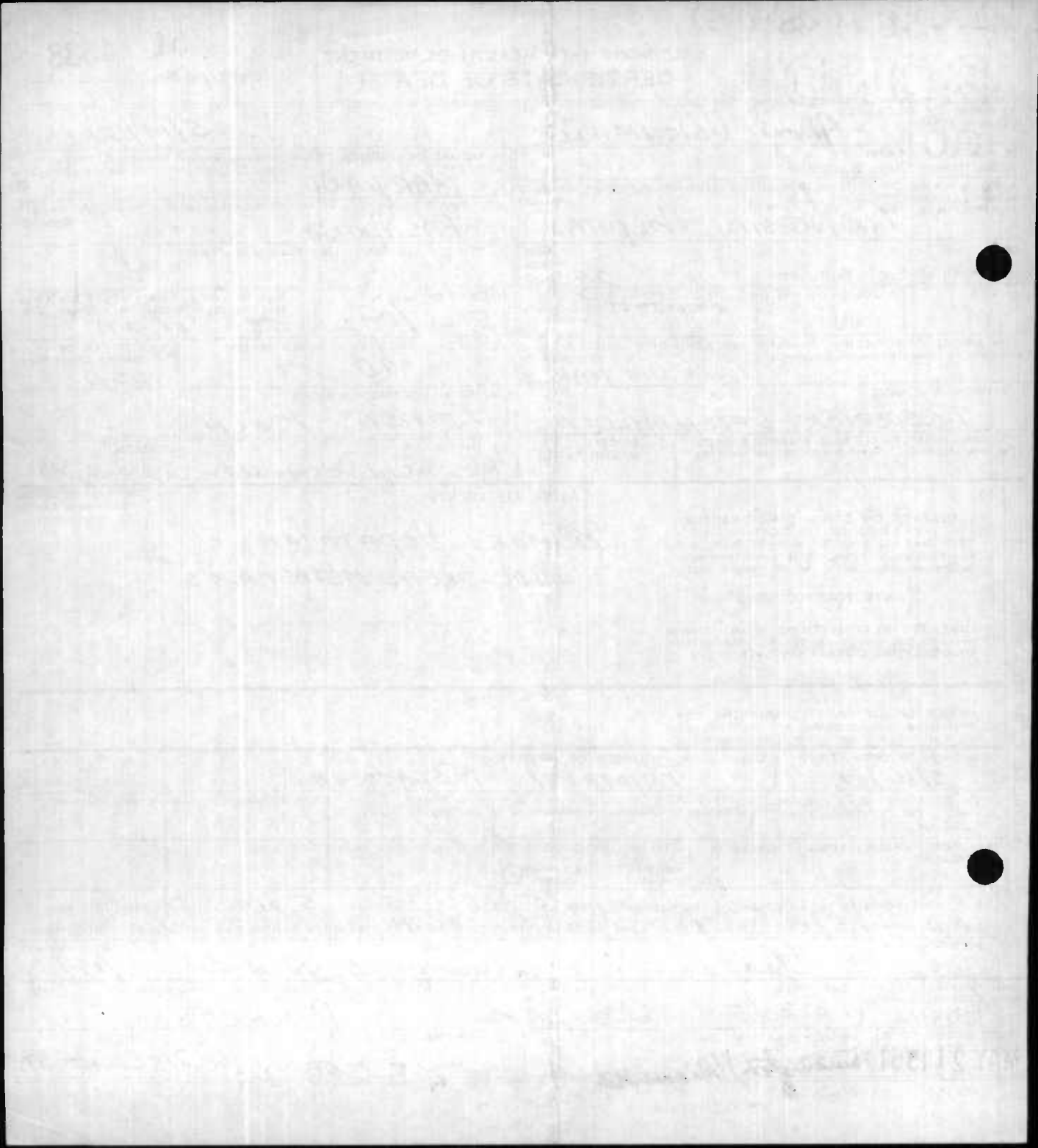
REGISTRAR'S SIGNATURE

MAY 21 1951

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DANNY, INC 715 LIGHT ST.



635

51 4539

CERTIFICATE CORRECTED 5-29-51

51 4539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George W. JORDAN

2. DATE
OF
DEATH

5-18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1892
FEB. 28, 18929. AGE (In years
last birthday)

59 60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BRAKEMAN

10B. KIND OF BUSINESS OR
INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

THOMAS JORDAN

14. MOTHER'S MAIDEN NAME

LULY JORDAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

W.W. I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS ANNA BELL JORDAN 3700 9TH. ST

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Oropharyngeal Varices
DUE TO
(C) Hepatic CirrhosisINTERVAL BETWEEN
ONSET AND DEATH

7 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

5-12-51

19B. MAJOR FINDINGS OF OPERATION

Oropharyngeal Var. + Cirrhosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11-51 to 5-18-51, 1951, that I last saw the
deceased alive on 5-18-51 and that death occurred at 3:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

5-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/21/51

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

RITCHIE HWY

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1951

John F. Denny, Inc.

JOHN F. DENNY, INC. 715 LIGHT ST



400 51 4540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4540

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH DOYLE

2. DATE
OF
DEATH

5/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mary Hosp.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4624 Osburn Ave 26-02

Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 31, 1874

9. AGE (In years last birthday)

76

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Doyle

14. MOTHER'S MAIDEN NAME

Roseanna Jelen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

218-10-3810

17. INFORMANT

Marie Cranston

ADDRESS

Same

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

Arteriosclerotic Cardiovascular disease

DUE TO

(B)

nephrosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchiectasis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 1951, to 5/18, 1951, that I last saw the deceased alive on 5/18, 1951, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/22/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

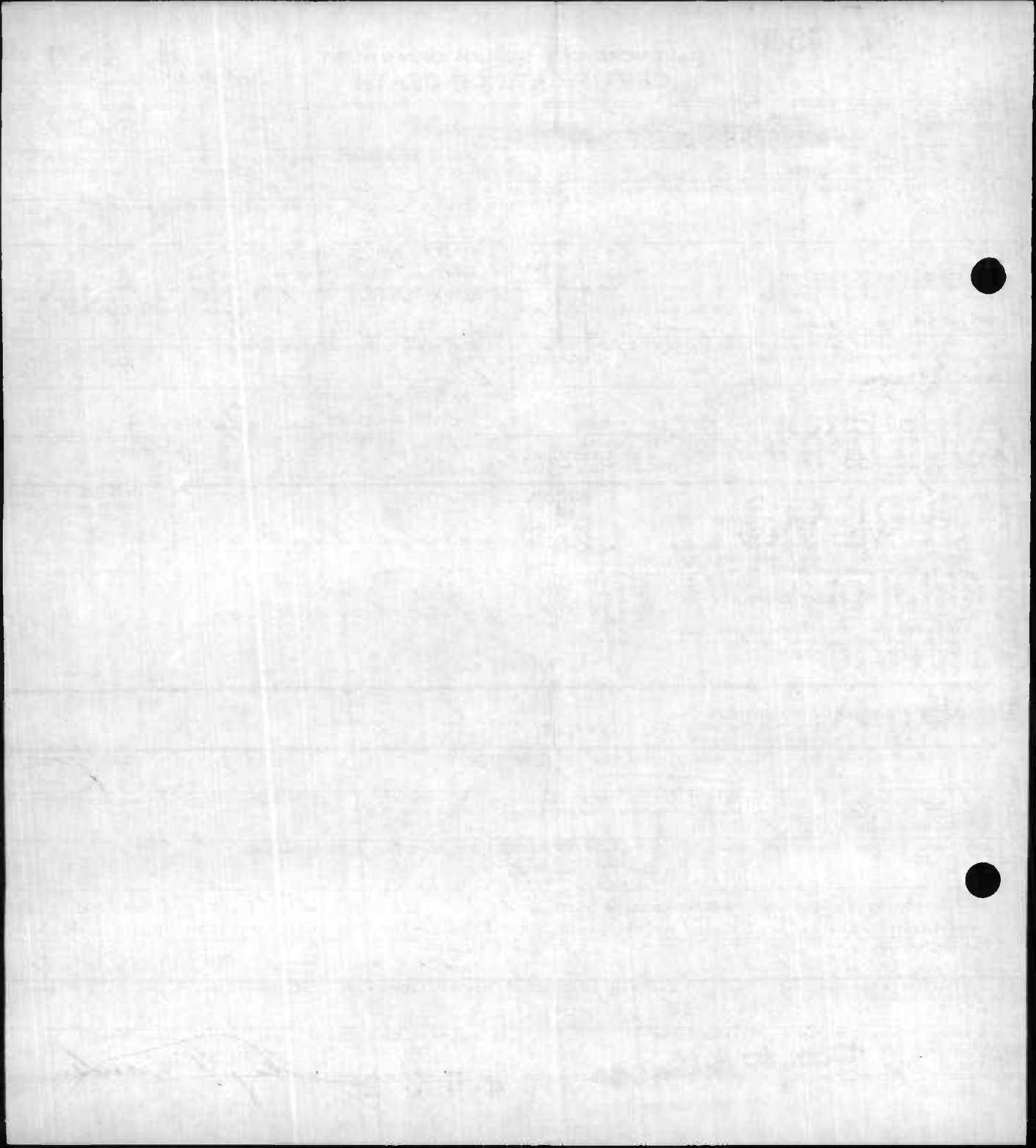
MAY 21 1951

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

VS 150

131a



743

51 4541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4541
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM LAWRENCE HAMILTON

2. DATE
OF
DEATH

5-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

B. COUNTY

BALT.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALT 18

9-06

D. STREET ADDRESS (If rural, give location)

2701 HUGO AVE BALTO 18

Length of stay in Baltimore

ALL LIFE 46

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4-25-1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

storekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Confectionary STORE

13. FATHER'S NAME

JOHN HAMILTON (P)

11. BIRTHPLACE (State or foreign country)

BALT

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

MARY HEATH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

?

16. SOCIAL
SECURITY NO.

215-01-1603

17. INFORMANT ADDRESS - 18

MRS LILY HAMILTON

18.

581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CIRRHOSIS OF LIVER

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

E TERMINAL GASTRO-INTESTINAL
HEMORRHAGE

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1951, to 5-17, 1951, that I last saw the
deceased alive on 5-17, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/21/51

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEMETERY

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
CLERK

MAY 21 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., MD.

ADDRESS

Seg. P. Sander

VS 150

2906A

124B

MEDICAL CERTIFICATION

242

51 4542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4542
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) JULIA A. ZUSCHLAG2. DATE
OF DEATH May 17, 19513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

1612 Chilton Avenue

D. STREET ADDRESS (If rural, give location)

1612 Chilton Avenue 9-06

Length of stay in Baltimore Life

Yrs.
Mos.
Days5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
Dec. 30, 18859. AGE (In years last birthday) 65
If Under 1 Year Months: Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Charles W. Hepburn

14. MOTHER'S MAIDEN NAME

Ella Fontz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
216-05-090717. INFORMANT 1612 Chilton Avenue
Mr. George Zuschlag

18. 153X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Transverse colon

INTERVAL BETWEEN ONSET AND DEATH

10 months

DUE TO

duct

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Common bile obstruction, and
liver metastasis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
Nov. 9th, 1950

19B. MAJOR FINDINGS OF OPERATION

Adeno carcinoma of Transverse Colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/3/50, 19, to 5/17, 1951, that I last saw the deceased alive on 5/17, 1951, and that death occurred at 8 P.m., from the causes and on the date stated above.

23A. SIGNATURE

N. G. Michelson M. D.

23B. ADDRESS

2230 Eutaw Pl.

23C. DATE SIGNED

5/18/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/21/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
MAY 24 1951

REGISTRAR'S SIGNATURE

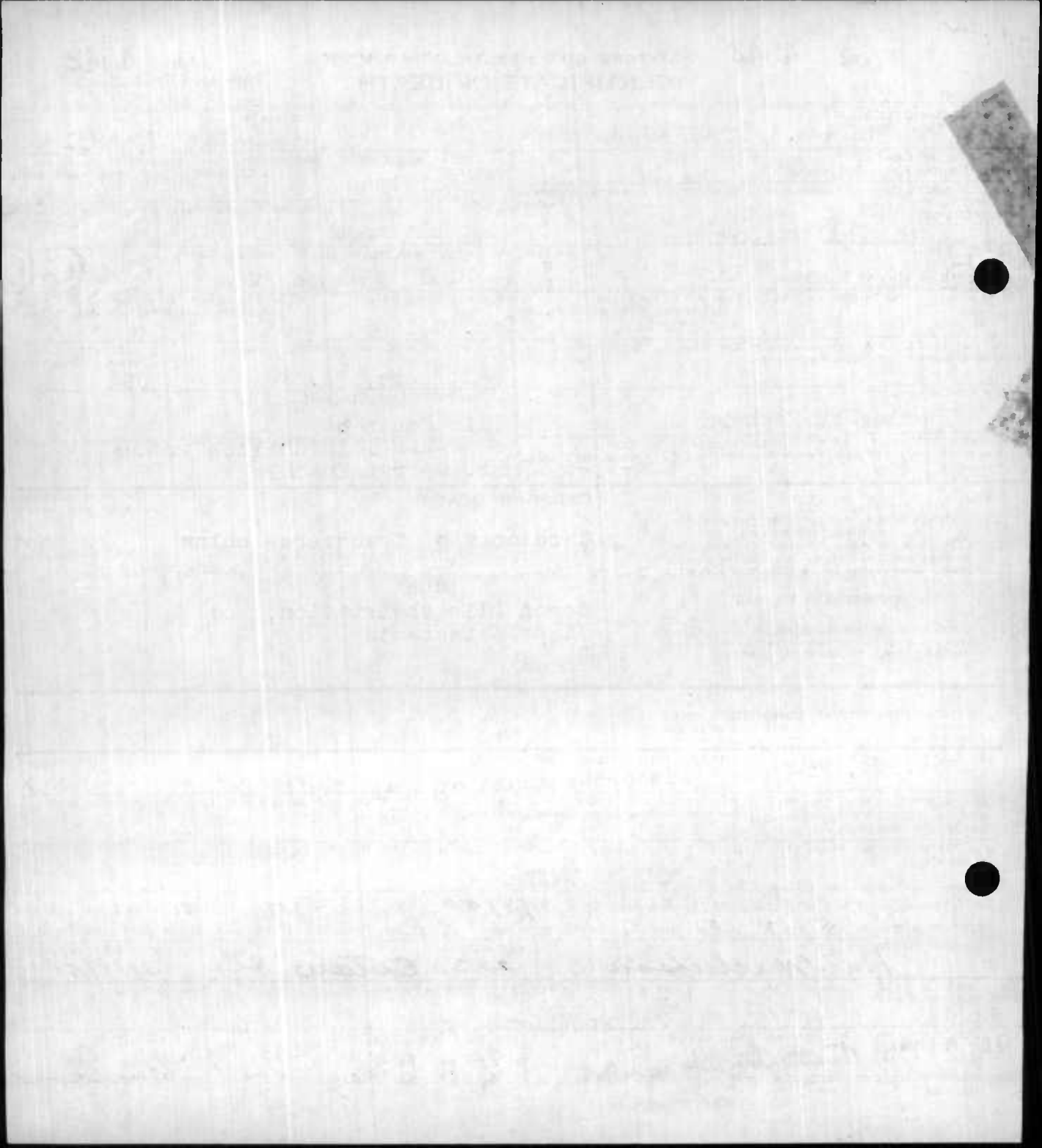
H. H. Williams, Jr.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO 5133 Md.

ADDRESS

Sgt. P. Sander



400

51

4543

To be approved.

BALTIMORE CITY HEALTH DEPARTMENT

51

4543

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Newell

2. DATE

OF

DEATH May 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2028 W. Lexington St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2028 W. Lexington St. 20-01

Length of stay in Baltimore Life

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 1, 1869

9. AGE (In years last birthday)

81

10. Under 1 Year

Months: Days

7 13

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick Newell

14. MOTHER'S MAIDEN NAME

Margaret Durkin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

218-07-1869

17. INFORMANT

ADDRESS W..

Miss Katherine Newell Lexington St.

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 hrs (?)

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1948, to April 20, 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

D. Charles Laughlin

M. D.

23B. ADDRESS

4508 Edmondson Village

23C. DATE SIGNED

5/20/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 21 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Francis H. Cole, 1913 W. Balt. St.

RF Fisher

51 4544

51 4544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

ND-148596

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Magnolia (N) Chambers

2. DATE
OF
DEATH

May 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1817 E. Federal St. (31)

C. Length of stay in Baltimore

33 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 11, 1900

9. AGE (in years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Potillo

14. MOTHER'S MAIDEN NAME

Sarah Harrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

Over 1 Wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular Renal
Disease

DUE TO

Over 2 Yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 5-17, 1951, to 5-19, 1951, that I last saw the
deceased alive on 5-19, 1951, and that death occurred at 10:30 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

5-19-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

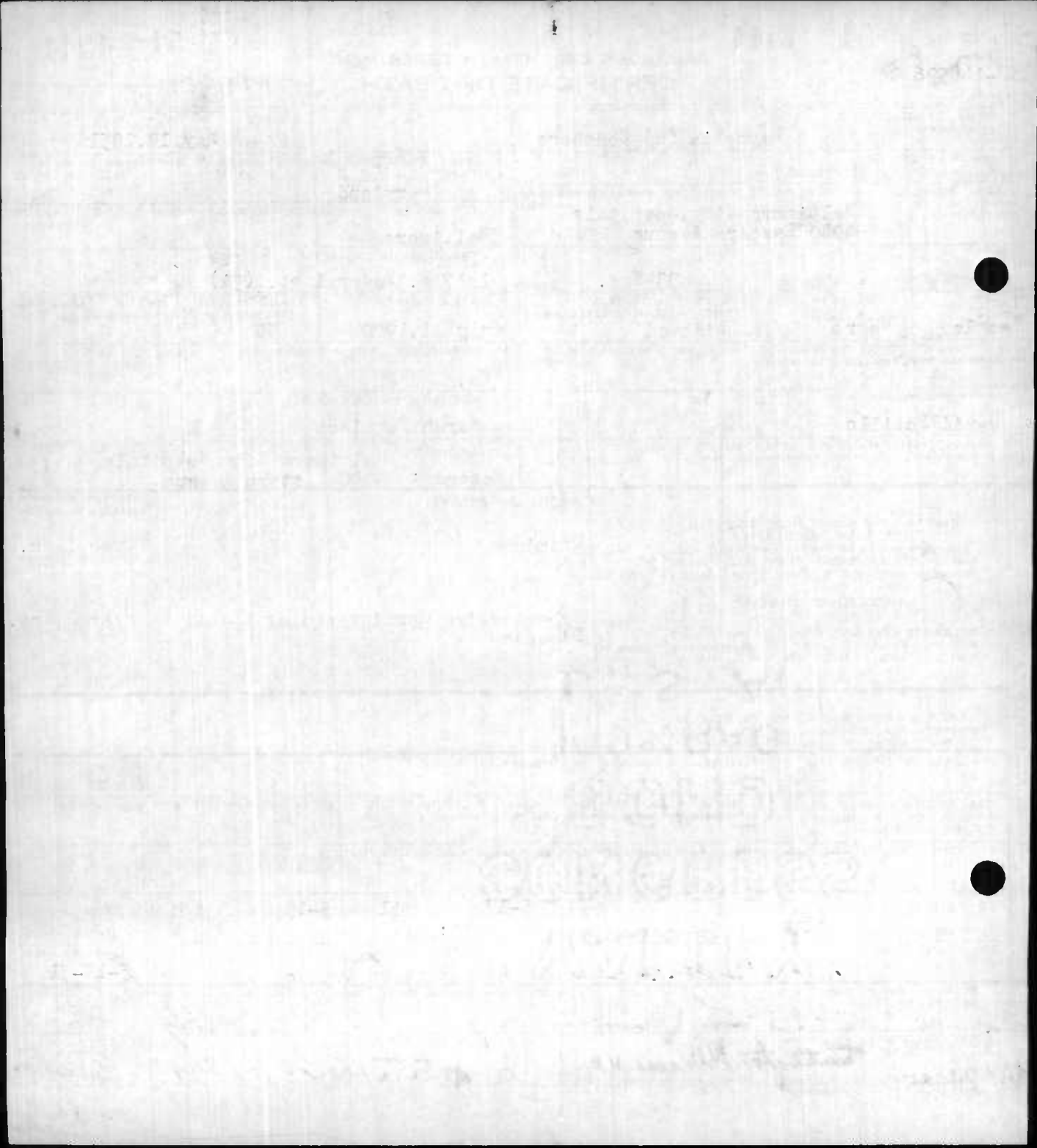
ADDRESS

MAY 21 1951

VS 150

131a

MEDICAL CERTIFICATION



330

51

4545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) Edward Whitehead2. DATE
OF DEATH May 20, 19513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTY _____B. FULL NAME OF
HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write KUKAL and give township)
Baltimore

Length of stay in Baltimore 20 yrs.

D. STREET ADDRESS (If rural, give location)
1432 Millrace Rd. 13-085. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

March 17, 1877

9. AGE (In years
last birthday) 74If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gustavus Whitehead

14. MOTHER'S MAIDEN NAME

Mary Merson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue18. 330X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Subarachnoid hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1951, to 5-20, 1951, that I last saw the
deceased alive on 5-20, 1951, and that death occurred at 7:05 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Cogan M. D.

23B. ADDRESS

4940 Eastern Avenue, Balto., Md.

23C. DATE SIGNED

5-21-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1951

VS 150

Baltimore, Md. 83a

RECEIVED
FEBRUARY 1964

THE
NATIONAL
ARCHIVES
COLLECTION
OF
THE
UNITED STATES
GOVERNMENT

156 51 4546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4546

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH B. HOFFMEYER		2. DATE OF DEATH May 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3324 St. Ambrose Avenue		27-16	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Mar. 18, 1879	
9. AGE (in years last birthday) 72		10. MONTHS 12 DAYS 18 HOURS 15 MIN.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Buderer		14. MOTHER'S MAIDEN NAME Mary Bauer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Mary Knell		ADDRESS - 7514 Harford Rd.	

18. 443X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

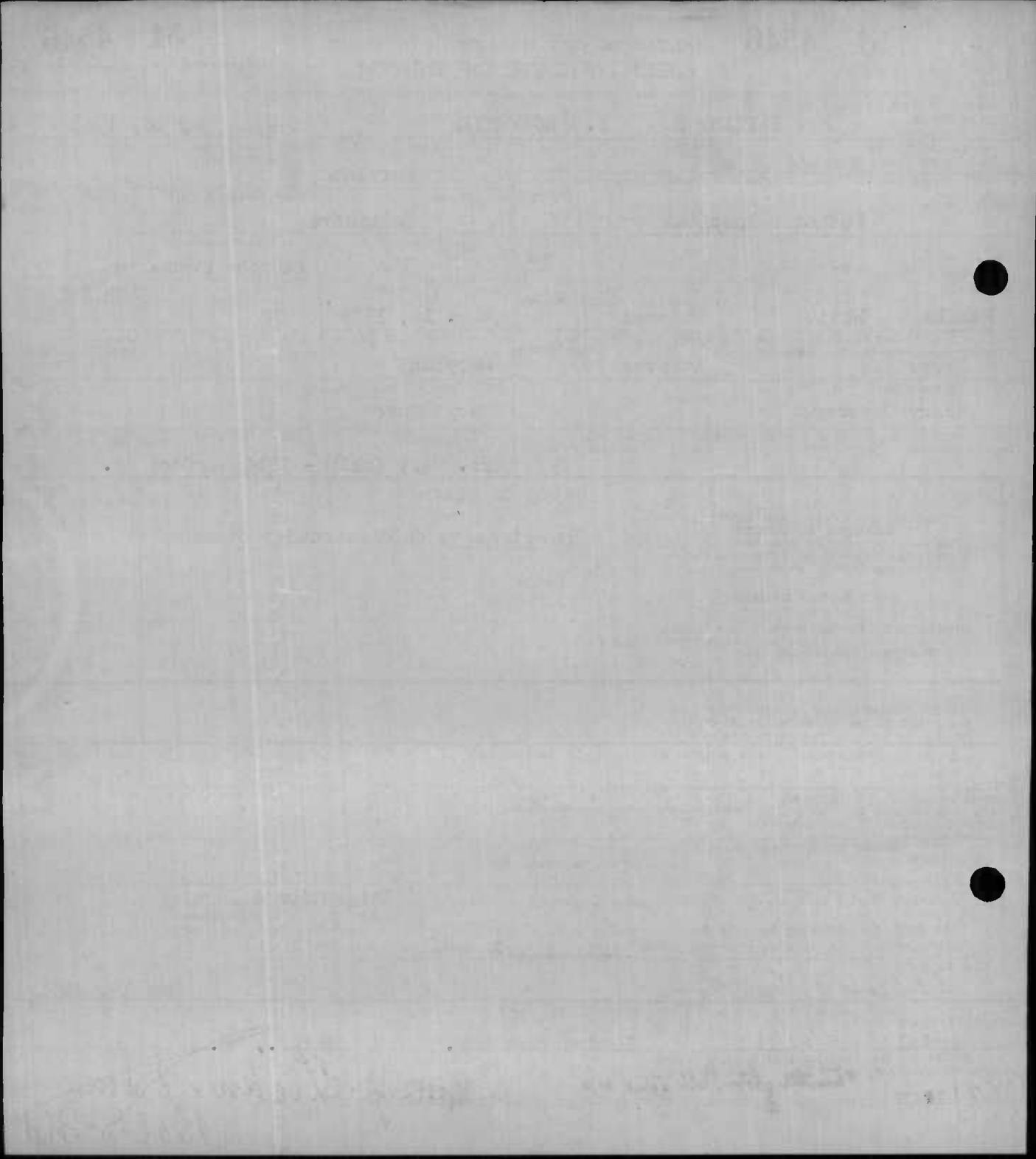
I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Woods</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 19, 1951	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/22/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
--	--	-----------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1951		REGISTRAR'S SIGNATURE <i>William V. Woods</i>		25. FUNERAL DIRECTOR <i>Wm. J. Dickner & Sons</i>		ADDRESS 937 Balto Md.	
--	--	--	--	--	--	---------------------------------	--

VS 151



000 51 4547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4547

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DORA RAY		2. DATE OF DEATH 5/18/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-05	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1620 Popland St., Curtis Bay, Md.	
5. SEX F	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 17, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Housewife)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 61
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Mayberry Keller		14. MOTHER'S MAIDEN NAME Frances Ludrow	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles Ray		ADDRESS 1620 Popland St.	

CAUSE OF DEATH

18. **420.0**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) **Arteriosclerotic Heart Disease**
DUE TO
(B) **Pneumonia, bilateral, acute**
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION **2/** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **5/17/51**, to **5/18**, 19**51**, that I last saw the deceased alive on **5/18**, 19**51**, and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
MAY 21 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

108

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF NEW YORK

10



G-450 51 4548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4548
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Chancey		2. DATE OF DEATH May 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		O. STREET ADDRESS (if rural, give location) 510 W. Fayette St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH about. 1888
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown.	11. BIRTHPLACE (State or foreign country) New Orleans La.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown.		12. CITIZEN OF WHAT COUNTRY? Unknown.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Loughlin Fun'l Home.		ADDRESS New Orleans.	

18. **00.2X** CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic Cardiovascular Disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE TO

(B)

DUE TO

(C)

Chronic ulcerative pulmonary tuberculosis

(over)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Insp. & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley H. Durlacher** M.D. 23B. CHIEF MEDICAL EXAMINER..... ☐ ASSISTANT MEDICAL EXAMINER..... ☒ MEDICAL INVESTIGATOR..... ☐ 23C. DATE SIGNED **May 17, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal.** 24B. DATE **May 21, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Greenwood Cem.** 24D. LOCATION (City, town, or county) (State) **New Orleans La.**

DATE RECEIVED BY LOCAL REGISTRAR **MAY 21 1951** 25. FUNERAL DIRECTOR **Wm. G. G. One. 1217 St Paul St** ADDRESS

See Document File 51-4548 for authority
by Dr. Stanley H. Durlacher, Asst Medical Examiner
to correct cause of death

6/14/51 ES

ES-147849

51 4549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4549

Registered No.

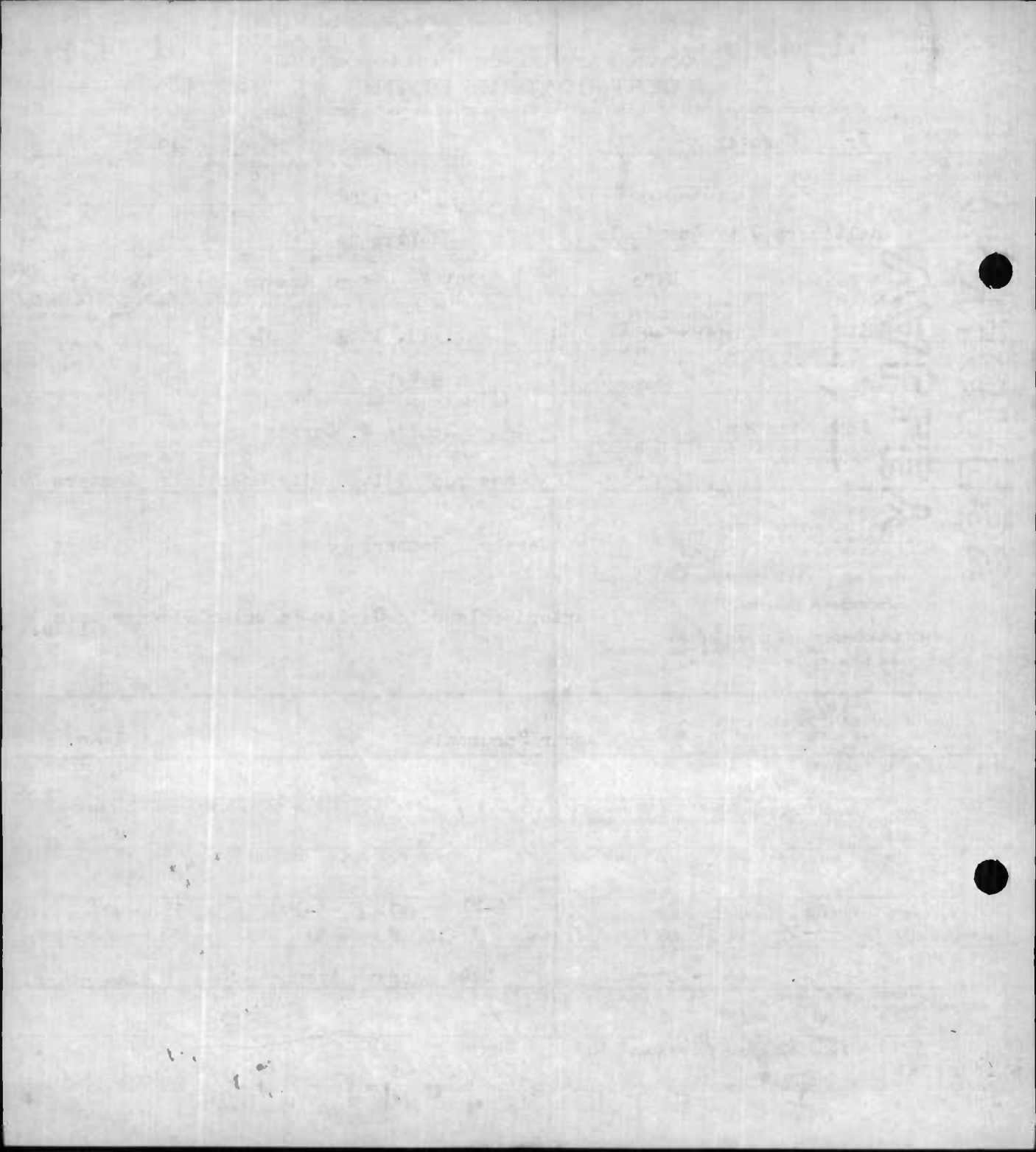
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frank Chester		2. DATE OF DEATH 5-19-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2201 Frankford Avenue (6) 26-34	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19, 1862
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY at Large	9. AGE (in years last birthday) 82
13. FATHER'S NAME John Chester		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
16. SOCIAL SECURITY NO. 213-14-2131		14. MOTHER'S MAIDEN NAME Louise E. Curtis	
17. INFORMANT Records* Balto. City Hospitals		ADDRESS 4940 Eastern Ave	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 Days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardio-Vascular Disease over 1 yr.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Lobar Pneumonia		1 Mo.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4-21 , 19 51 , to 5-19 , 19 51 , that I last saw the deceased alive on 5-19 , 19 51 , and that death occurred at 5:00 P. , from the causes and on the date stated above.				
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/22/51	24C. NAME OF CEMETERY OR CREMATORY Schwartz	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1951		25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St.	



T512

51 4550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4550

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie B. Thompson

2. DATE
OF
DEATH

5-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital Baltimore.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5633 Ready Ave 27-48

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

Female White

Married

January 4, 1889

62

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

H. W.

Own Home

Pennsylvania

U.S.A.

13. FATHER'S NAME

Shemnon Alph

14. MOTHER'S MAIDEN NAME

Florence Ruiffle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

No

Arthur E. Thompson 5633 Ready Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute cholecystitis

12 hours.

ANTECEDENT CAUSES

(B) and cholelithiasis.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) Hypertensive Cardiovascular disease

Unknown

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-1951, to 5-20-1951, that I last saw the deceased alive on 5-21-1951, and that death occurred at 7:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. K. Brainer

M. D.

Mid Dr. Hays

5-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/23/51

Parkwood

Parkville Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

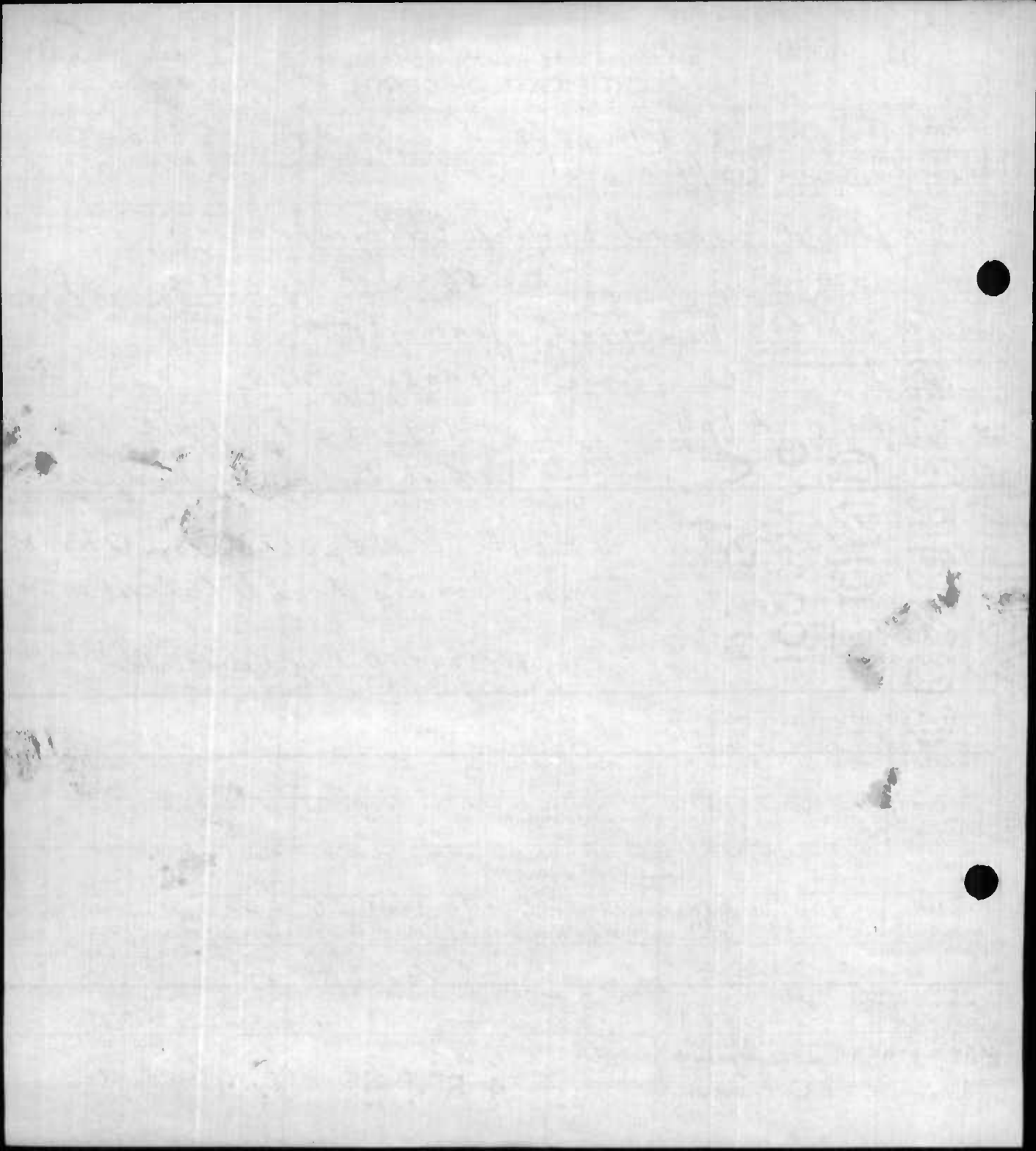
ADDRESS

MAY 21 1951

[Signature]

454 Cook Inc. 1217 St. Paul st.

MEDICAL CERTIFICATION



516 51 4551

51 4551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Corrine Campher		2. DATE OF DEATH May 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 616 W. Lee St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE 616 W. Lee St. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION None		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 50 Yrs		D. STREET ADDRESS (If rural, give location) 616 W. Lee St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 50 # Under 1 Year Months 5 Days 18 # Under 24 Hours Hours 18 Min.
13. FATHER'S NAME John Hudson		14. MOTHER'S MAIDEN NAME Clara Seymore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Harry Campher, 616 W. Lee St.		ADDRESS	

18. 481X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO unknown ANTECEDENT CAUSES Influenza DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Cerebral Hemorrhage Influenza	INTERVAL BETWEEN ONSET AND DEATH 1 hour. 2 days.
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 18, 1951 , to May 19, 1951 , that I last saw the deceased alive on May 19, 1951 , and that death occurred at 4 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE John W. Gaine		23B. ADDRESS 525 W. Hamburg St.		23C. DATE SIGNED 5/21/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 23, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Balto.		25. FUNERAL DIRECTOR James A. Hayes, 638 N. Gilmore St.		ADDRESS	

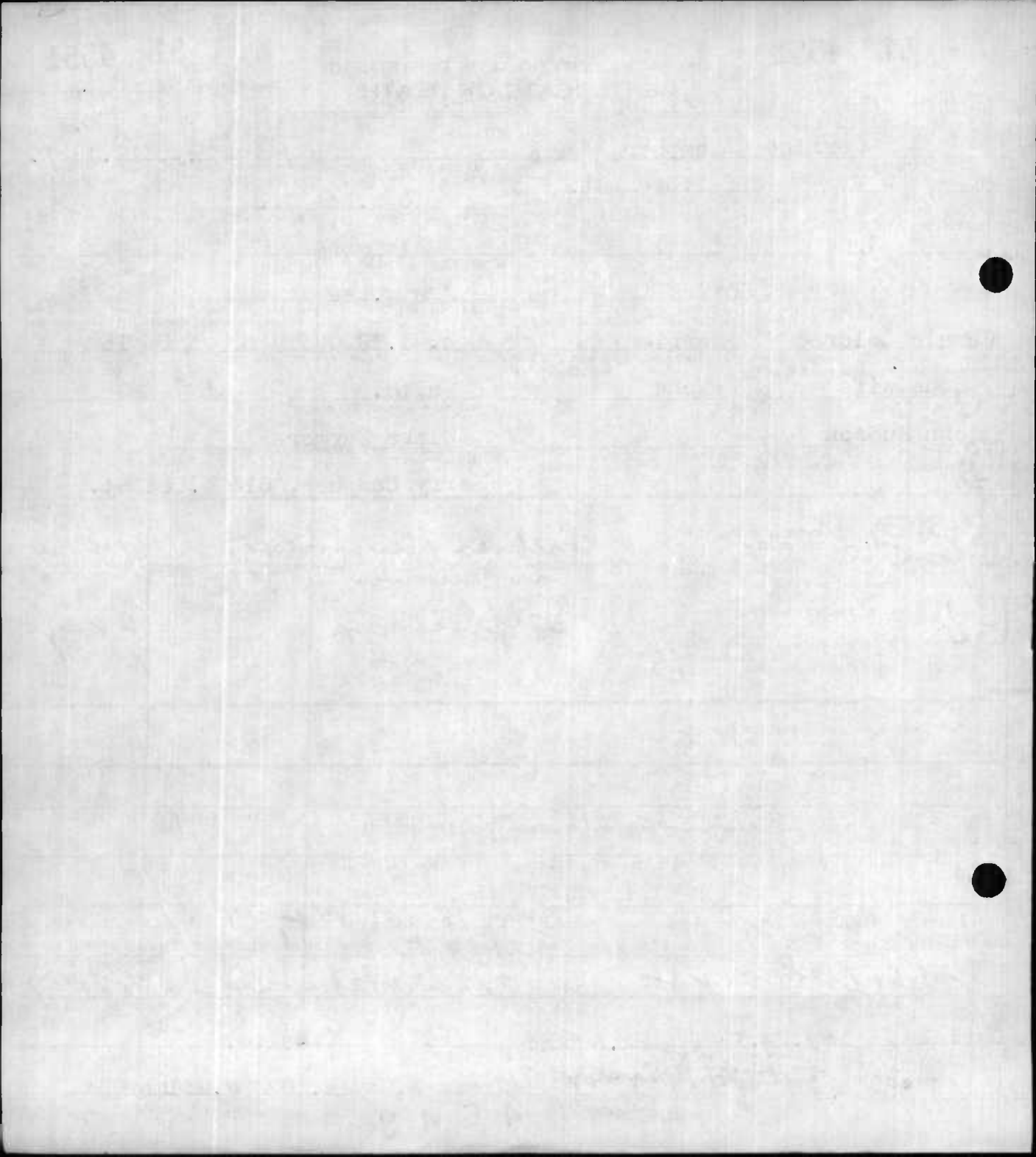
MAY 21 1951

VS 150

4543

33B

MEDICAL CERTIFICATION



200 51 4552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4552
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rosina B. Maggio		2. DATE OF DEATH May 19 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1636 E. Chase St. B. FULL NAME OF HOSPITAL OR INSTITUTION 00		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-07	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1636 E. Chase St.	
E. Length of stay in Baltimore 50 Yrs. Yrs. 50 Mos. 0 Days 0		F. DATE OF BIRTH March 6 1884	
G. SEX Female		H. AGE (In years last birthday) 67	
I. COLOR OR RACE White		J. Under 1 Year Months 2 Days 13	
K. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		L. Under 24 Hours Hours 0 Min. 0	
M. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Felling Hand		N. KIND OF BUSINESS OR INDUSTRY Tailor Shop	
O. BIRTHPLACE (State or foreign country) Villarosa Italy		P. CITIZEN OF WHAT COUNTRY?	
Q. FATHER'S NAME Benedetto Bongiovanni		R. MOTHER'S MAIDEN NAME Maria Libertini	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		T. SOCIAL SECURITY NO. 216-05-0613	
U. INFORMANT Frank Maggio		V. ADDRESS 1636 E. Chase St.	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Occlusion in few hours DUE TO (B) Arterio sclerosis DUE TO (C) Diabetes Mellitus 2 years 2 years		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 27th , 1947, to May 19th , 1951, that I last saw the deceased alive on May 15th , 1951, and that death occurred at 8A. m., from the causes and on the date stated above.					
23A. SIGNATURE m. Jm W. Erhardt		23B. ADDRESS 1136 Poplar Grove St.		23C. DATE SIGNED 5/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 22 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd.		24E. FUNERAL DIRECTOR Frank Maggio		24F. ADDRESS 322 S. High St.	

OFFICE OF THE ATTORNEY GENERAL
DISTRICT OF COLUMBIA

IN SENATE
JANUARY 12, 1904
REPORT
OF THE
COMMISSIONER OF THE DISTRICT OF COLUMBIA
FOR THE YEAR 1903
IN SENATE
JANUARY 12, 1904

THE DISTRICT OF COLUMBIA
OFFICE OF THE ATTORNEY GENERAL
DISTRICT OF COLUMBIA
JANUARY 12, 1904

350 51 4553

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4553

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph Buttione</i>		2. DATE OF DEATH <i>May 19/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6518 St Helena</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>26-36</i>	
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>6518 St Helena Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan 3/1892</i>
9. AGE (In years last birthday) <i>59</i>		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Used Car Dealer</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Frank Buttione</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Carolyn Buttione</i>		ADDRESS <i>6518 St Helena</i>	

18. <i>1964</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Carcinoma Lung R</i> DUE TO (B) <i>Carcinoma R Scapula</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>4 months</i> <i>right</i>
---	--	---

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>xc</i>	
22. I hereby certify that I attended the deceased from <i>Dec. 15, 1950</i> to <i>May 19, 1951</i> , that I last saw the deceased alive on <i>May 18, 1951</i> , and that death occurred at <i>445 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. W. Hermann</i>		23B. ADDRESS <i>1710 E. 33rd St</i>		23C. DATE SIGNED <i>5-19-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 22/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>	
24D. LOCATION (City, town, or county) <i>Balto 6</i>		24E. FUNERAL DIRECTOR <i>Ullrich Funeral Home</i>		24F. ADDRESS <i>2112 Durdall</i>	

VS 150

2906J

55 B

MEDICAL CERTIFICATION

RECEIVED
JAN 17 1964

Valley
CRIMINALS
100% F-AG
U.S.A.

520

51 4554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4554

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Catherine M Jones*2. DATE
OF
DEATH*May 19/57*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

139 N Broadway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*MD*B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Balto**6-05*

D. STREET ADDRESS (If rural, give location)

139 N Broadway

C. Length of stay in Baltimore

*life*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Wm Clapp 139 N Broadway

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

Cerebro-Vascular Accident

DUE TO

(B)

*Arteriosclerotic Cardio-Vascular
Disease*

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*2 hours*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *1949* to *May*, 1951, that I last saw the
deceased alive on *May 19*, 1951, and that death occurred at *2:45 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REBURY (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 21 1951**Wm. J. Zimmern**2858 Harford Rd**May 20 1951**Wm. J. Zimmern 2004 Orleans*

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

1. The Adjutant General is the principal administrative officer of the Army. He is responsible for the management of the personnel files of all active and reserve components of the Army. He is also responsible for the management of the personnel files of all other military and naval personnel who are in the service of the United States.

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51 4555

51 4555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) RICHARD A. COPELAND			2. DATE OF DEATH May 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1229 E. Biddle Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
D. STREET ADDRESS (If rural, give location) 1229 E. Biddle Street			E. LENGTH OF STAY IN BALTIMORE 28 yrs.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept, 3, 1895	9. AGE (In years last birthday) 55	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Suffolk, Va.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Abraham Copeland			14. MOTHER'S MAIDEN NAME Elzena ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Louise Copeland, 1319 Woodyear St.		

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 14 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(A) DUE TO _____ (B) DUE TO _____ (C) DUE TO _____		
19A. DATE OF OPERATION May 7, 1951		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May 7, 1951 , to May 14, 1951 , that I last saw the deceased alive on May 7, 1951 , and that death occurred at 3 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE J. D. Shepherd		23B. ADDRESS 404 N. Fulton Ave		23C. DATE SIGNED 5-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5-21-51	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1951		REGISTRAR'S SIGNATURE William B. Jackson		25. FUNERAL DIRECTOR ADDRESS W. H. Jackson - 916 PENNA. AVE	

VALLEY
CONCRETE
BOND
100% PAC
JACO. A.

512 51 4556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4556

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELM A THOMPSON

2. DATE
OF
DEATH

5-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

563 W. MOSHER ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 17 14-02

D. STREET ADDRESS (If rural, give location)

563 W. MOSHER ST.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WAITRESS

10B. KIND OF BUSINESS OR INDUSTRY

RESTAURANT

13. FATHER'S NAME

JOHN B. THOMPSON

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

SARAH A. BLACKWELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SARAH THOMPSON-563 MOSHER ST.

18. DOOR X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ...
DUE TO

Pulmonary Tuberculosis - far

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...

Admitted

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from March, 1951, to May 17, 1951, that I last saw the deceased alive on May 15, 1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1951

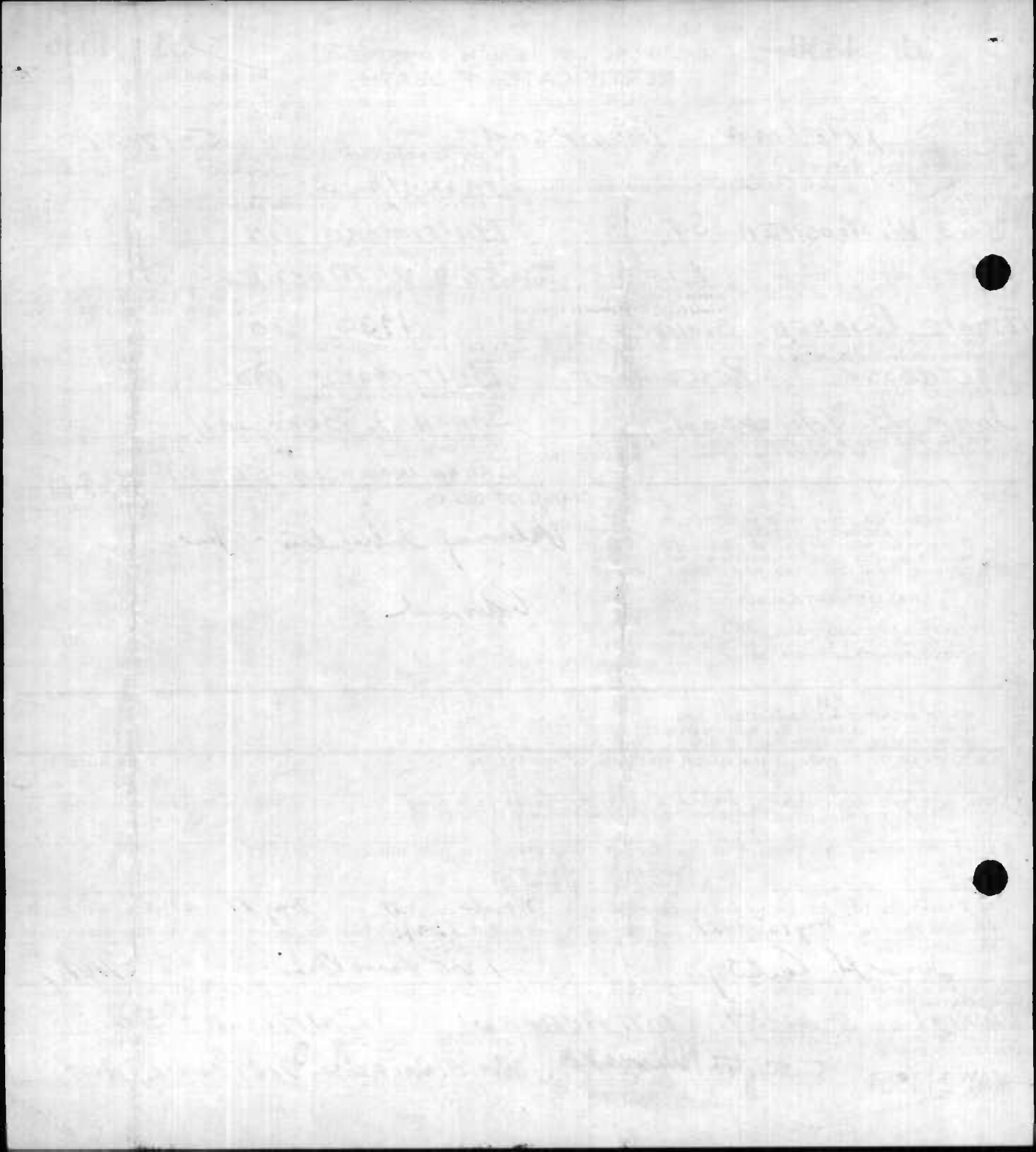
Wm. A. Jackson

Wm. A. JACKSON-916 PENNA. AVE

7846M

13B

MEDICAL CERTIFICATION



460 51 4557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4557
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD

2. DATE
OF
DEATH

May 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

TAYLOR

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

917 - Forest St.

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

? - ? - 1889

9. AGE (In years last birthday)

62

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborn

10B. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert

Taylor

14. MOTHER'S MAIDEN NAME

Mary Alice Sales

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Carrie Conway - Forest St

18. 422-1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic Cardiovascular Disease

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

May 17, 1951

24A. BURIAL CREMA- TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1951

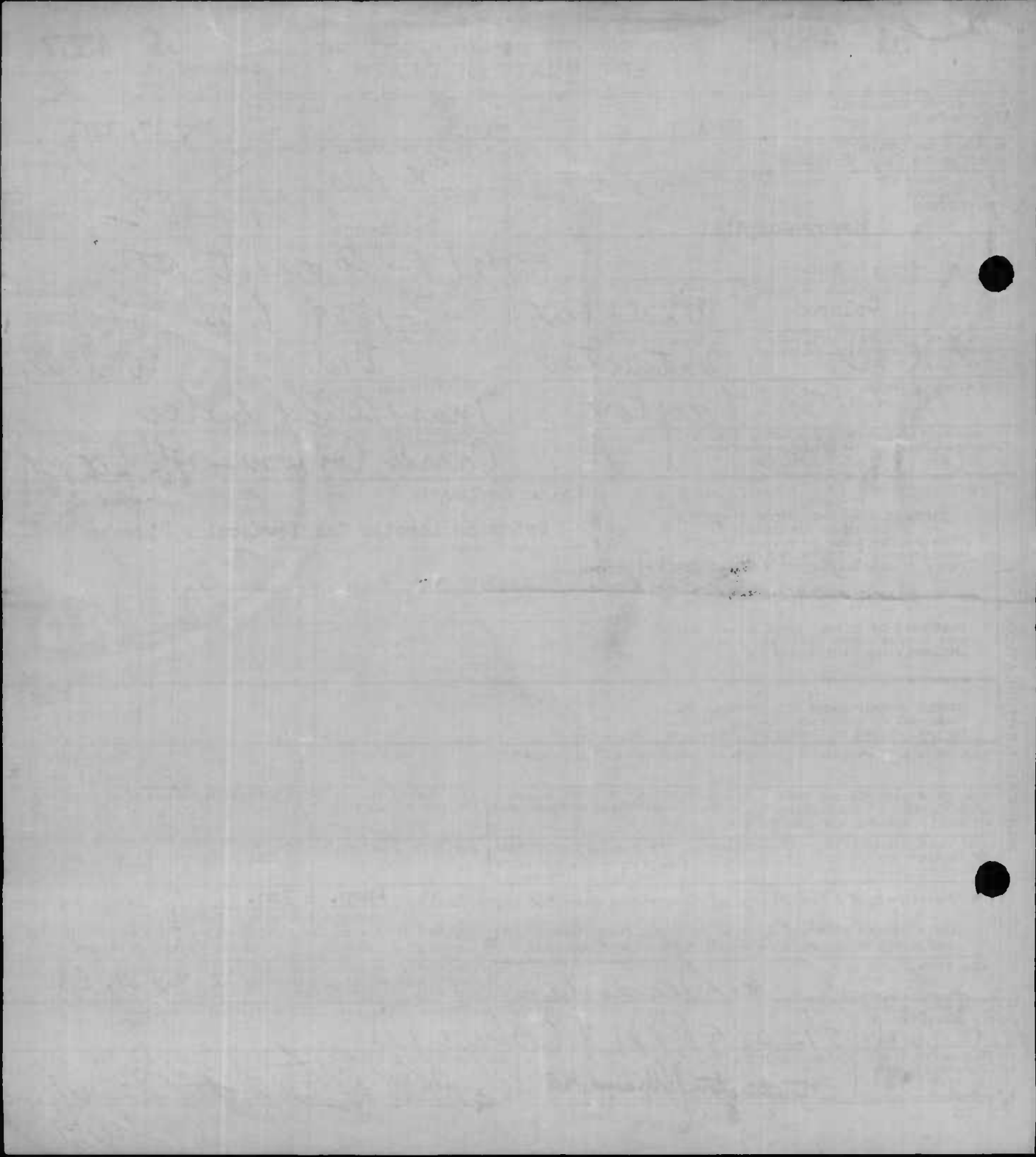
William Williams, M.D.

915 St. Paul St. Baltimore, Md.

97024

937 Ave

MEDICAL CERTIFICATION



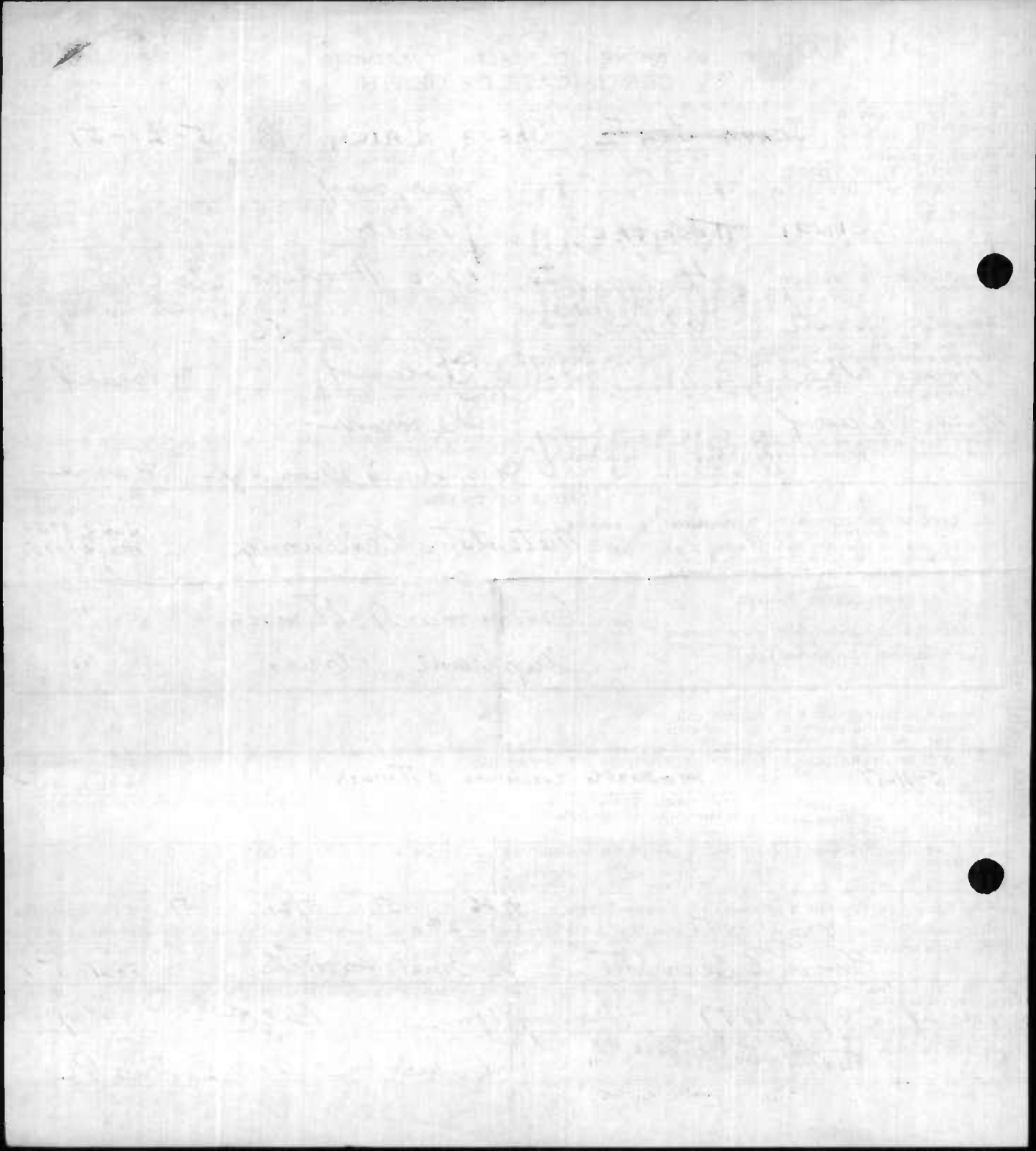
B-2091 4558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4558
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Sharon Beatz Sheva Baich</i>		2. DATE OF DEATH <i>5-21-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balti</i>			
D. LENGTH OF STAY IN BALTIMORE <i>4</i> Yrs. <i>4</i> Mos. <i>4</i> Days		D. STREET ADDRESS (If rural, give location) <i>1700 Harlem Ave 16-03</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH	9. AGE (in years last birthday) <i>56</i>	10. Under 1 Year Months: Days 11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>Poland</i>		13. FATHER'S NAME <i>Moses David</i>		14. MOTHER'S MAIDEN NAME <i>Levorah</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Sonia Diamond - Same</i>	
18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Metastatic Carcinoma</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of Stomach</i> DUE TO <i>Saphenic abscess</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Jan 1, 1951</i> <i>May 21, 1951</i> " " "			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>5-11-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>inoperable carcinoma of stomach</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/26</i> , 19 <i>51</i> , to <i>5/21</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>May 21</i> , 19 <i>51</i> , and that death occurred at <i>2:10</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Elmer B. Bernhardt</i> M. D.		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>5-21-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>5/21/1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Herring Run</i>	
24D. LOCATION (City, town, or county) <i>Balti</i>		24E. LOCATION (City, town, or county) <i>50</i>		24F. LOCATION (City, town, or county) <i>2100</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 22</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		25. FUNERAL DIRECTOR <i>Jack Squire</i>	
ADDRESS <i>2100 E. E. Ave</i>		ADDRESS			

MEDICAL CERTIFICATION



J-100 51 4559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4559

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucy H. JUBB

2. DATE
OF
DEATH

5/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY

Anne Arundel

C. CITY OR TOWN

PASADENA

D. STREET ADDRESS (If rural, give location)

OLD MILL ROAD

5200

Length of stay in Baltimore

22

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 19, 1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME.

11. BIRTHPLACE (State or foreign country)

SOLLEY, A.A.C. MD

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

ARTHUR C. WHITTEMORE

14. MOTHER'S MAIDEN NAME

Lucy H. NANCOCIC

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

W. ECKHARDT JUBB, PASADENA, MD. RFD.

18.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

MALIGNANT HYPERTENSION

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIO SCLEROSIS

19A. DATE OF OPERATION

5/17/51

19B. MAJOR FINDINGS OF OPERATION

SYMPATHETOMY & ADRENALECTOMY

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1951, to 5/18, 1951, that I last saw the
deceased alive on 5/18, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

5/18/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

GLEN BURNIE, MD

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

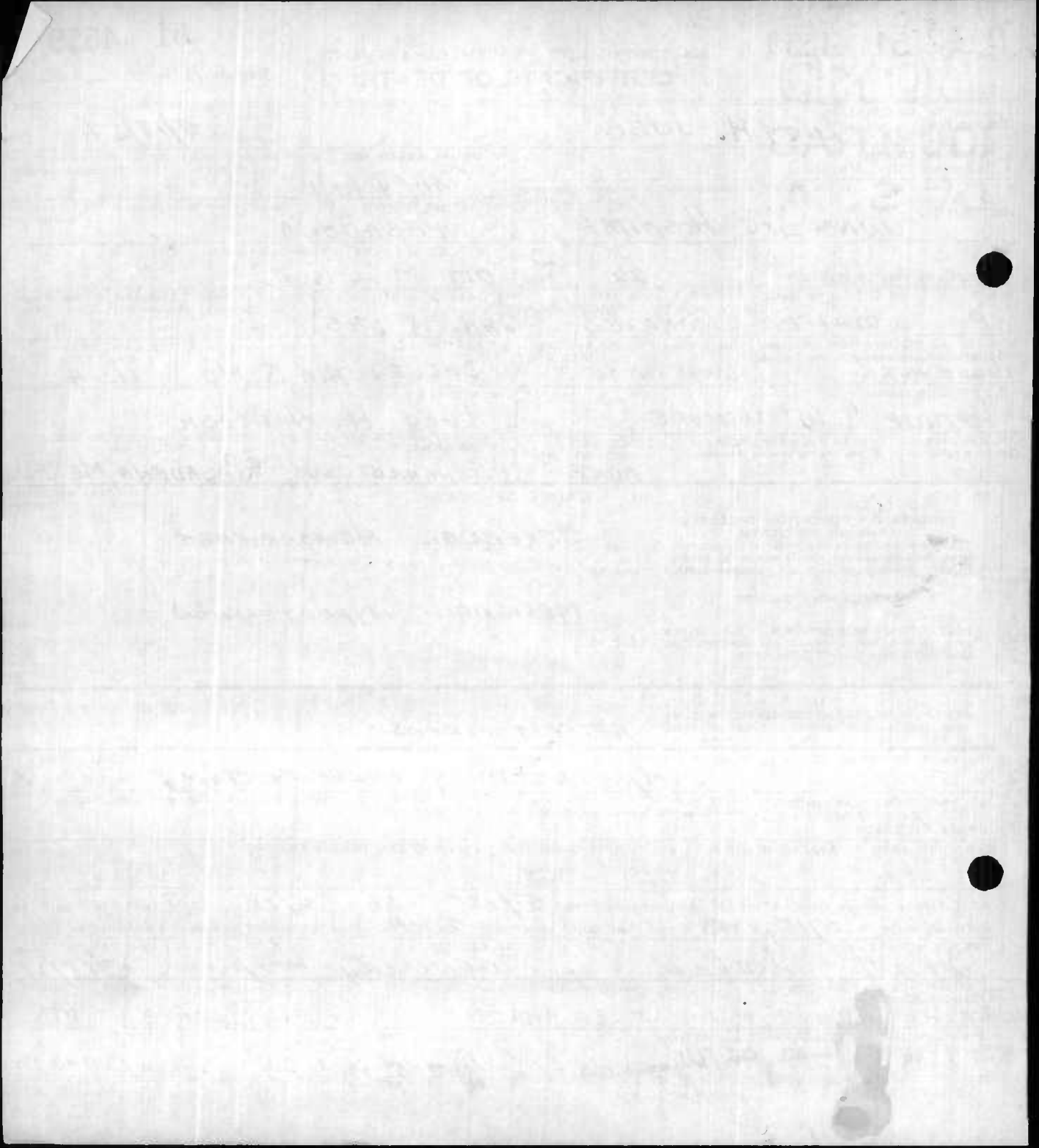
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

255 Sprigton

Glen Burnie, MD



552 51 4560

51 4560

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) PFANNENSTIEL, WM. R.			2. DATE OF DEATH 19 MAY 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-04		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 600 N. MONROE ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6/6/1886	9. AGE (In years last birthday) 64	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER (RETIRED)			11. BIRTHPLACE (State or foreign country) MD.		
10B. KIND OF BUSINESS OR INDUSTRY School Board			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Louis Pfannenstiel			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) World War One			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Mrs Mary E. Pfannenstiel			ADDRESS 600 N. Monroe St.		

18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIAC ARREST DUE TO PNEUMONECTOMY DUE TO CARCINOMA, LEFT LUNG	INTERVAL BETWEEN ONSET AND DEATH
<p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	

19A. DATE OF OPERATION 17 MAY 1951	19B. MAJOR FINDINGS OF OPERATION CARCINOMA, LEFT LUNG	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **27 APR 1951** to **19 MAY 1951**, that I last saw the deceased alive on **19 MAY 1951**, and that death occurred at **1:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE James P. O'Hara	23B. ADDRESS Triton Heights	23C. DATE SIGNED 17 May 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/22/51	24C. NAME OF CEMETERY OR CREMATORY New Balto Hill, boro
24D. LOCATION (City, town, or county) (State) 5500 Frederick Ave	25. FUNERAL DIRECTOR John Brownlow	
DATE RECEIVED BY MAY 21 1951		ADDRESS 901 Hallis St

5648V

47D

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/68

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

523 51 4561

51 4561

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) <u>Ada Knight</u>		2. DATE OF DEATH <u>May 15, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <u>The Johns Hopkins Hospital</u> <u>Baltimore 5, Md.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>418 N. Exeter St. 5-02</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, <u>WIDOWED</u> DIVORCED (Specify)	8. DATE OF BIRTH <u>79</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>W. Va.</u>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Arthur</u>		14. MOTHER'S MAIDEN NAME <u>Arthur</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>The Johns Hopkins Hospital</u> <u>Baltimore 5, Md.</u>			

18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Cerebral hemorrhage</u> DUE TO <u>Hypertension</u>	CAUSE OF DEATH <u>Cerebral hemorrhage</u> <u>Hypertension</u>	INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5-15, 1951, to 5-15, 1951, that I last saw the deceased alive on 5-15, 1951, and that death occurred at 7:48 p. m., from the causes and on the date stated above.

23A. SIGNATURE <u>Victor G. McKusick</u>	23B. ADDRESS <u>The Johns Hopkins Hospital</u> <u>Baltimore 5, Md.</u>	23C. DATE SIGNED <u>5-16-51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>5/23/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St. Calvary</u>
24D. LOCATION (City, town, or county) <u>Baltimore 5, Md.</u>		25. FUNERAL DIRECTOR <u>Med. & Case</u> <u>To be approved 83a</u>

DATE RECEIVED BY May 21 1951

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE .

C. J. *Chen*

W. J. Dineen M.D.
CHIEF OR ASS'T. MEDICAL EXAMINER

VALLEY

CONCRETE

BOND

51 4562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4562

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Edgar Thompson, Jr.

2. DATE
OF
DEATH

5-19-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1957, to 5-19, 1957, that I last saw the
deceased alive on 5-19, 1957, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

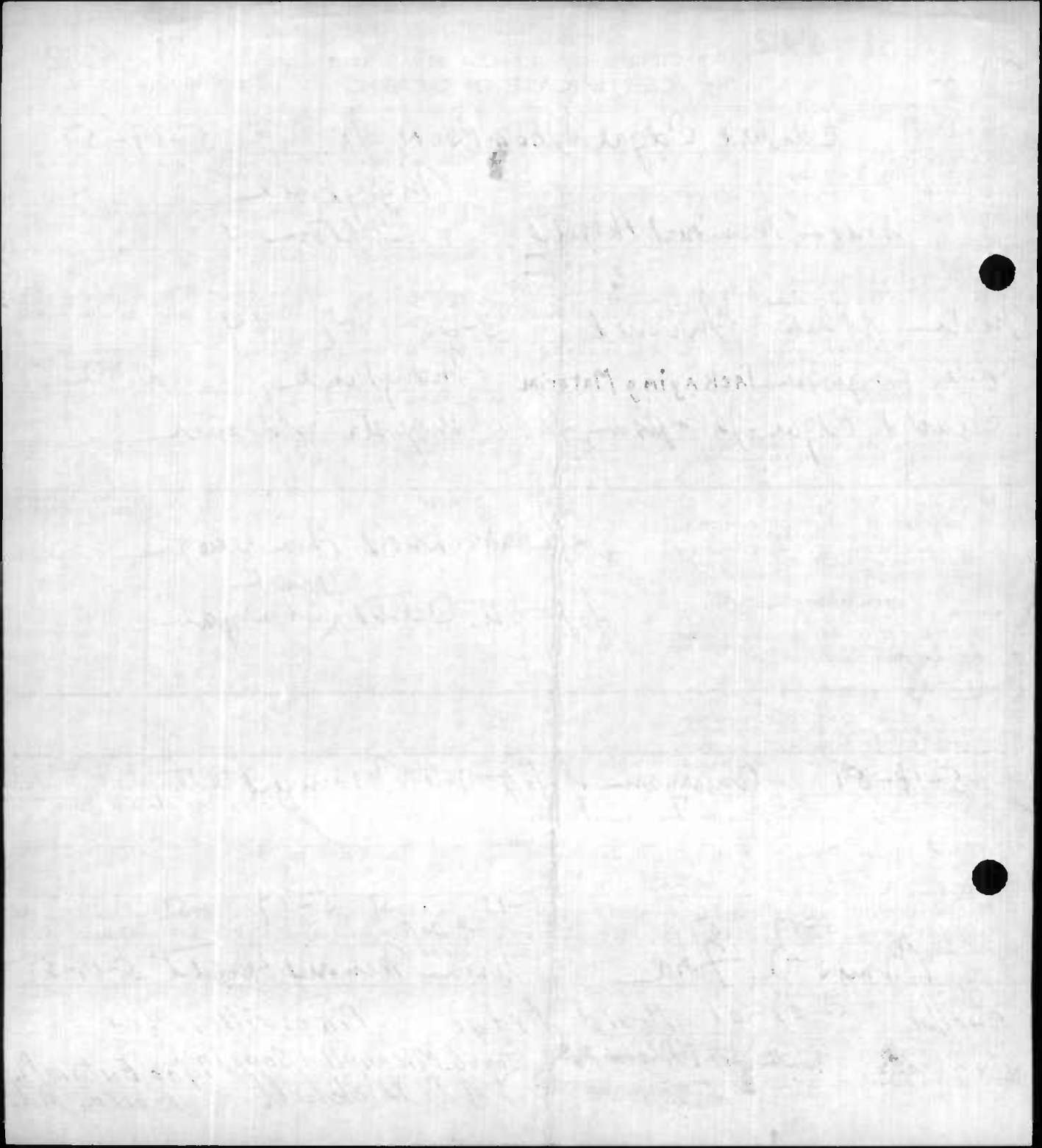
MAY 21 1957

VS 150

0493L

96

MEDICAL CERTIFICATION



260 51 4563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4563

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. William H. Becker

2. DATE
OF
DEATH

5-18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE V.E.A. B. COUNTY Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-03

D. STREET ADDRESS (If rural, give location)

3547 Juneway

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
M

8. DATE OF BIRTH

5-25-92

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

ALLEN-SON

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Becker

CONFEDERATES (W)

14. MOTHER'S MAIDEN NAME

Elizabeth Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-07-3659-Mrs Lillian Becker-3547 Juneway

17. INFORMANT,

ADDRESS

18. 443X and 181X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) Acute pulmonary edema
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Heart Insufficiency
DUE TO

(C) Arterial Hypertension

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of bladder

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 1951, to 5-18, 1951, that I last saw the deceased alive on 18, 1951, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Juan Mendez

M. D.

23B. ADDRESS

2025 W. Fayette

23C. DATE SIGNED

5-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

49063

3001 1 center ch ave
52 B

MEDICAL CERTIFICATION

4-1-2011

100-100-100

100-100-100

100-100-100

100-100-100

200
ND-148648

51 4564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4564

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Nash

2. DATE
OF
DEATH

May 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 14-03D. STREET ADDRESS (If rural, give location)
2008 Brunt St. (17)

Length of stay in Baltimore

15 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

July 1, 1913

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bert Nash

14. MOTHER'S MAIDEN NAME

Mary Bruce (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 521 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pyogenic lung abscess

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Over 3 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1951, to 5-19, 1951, that I last saw the
deceased alive on 5-19, 1951, and that death occurred at 3:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

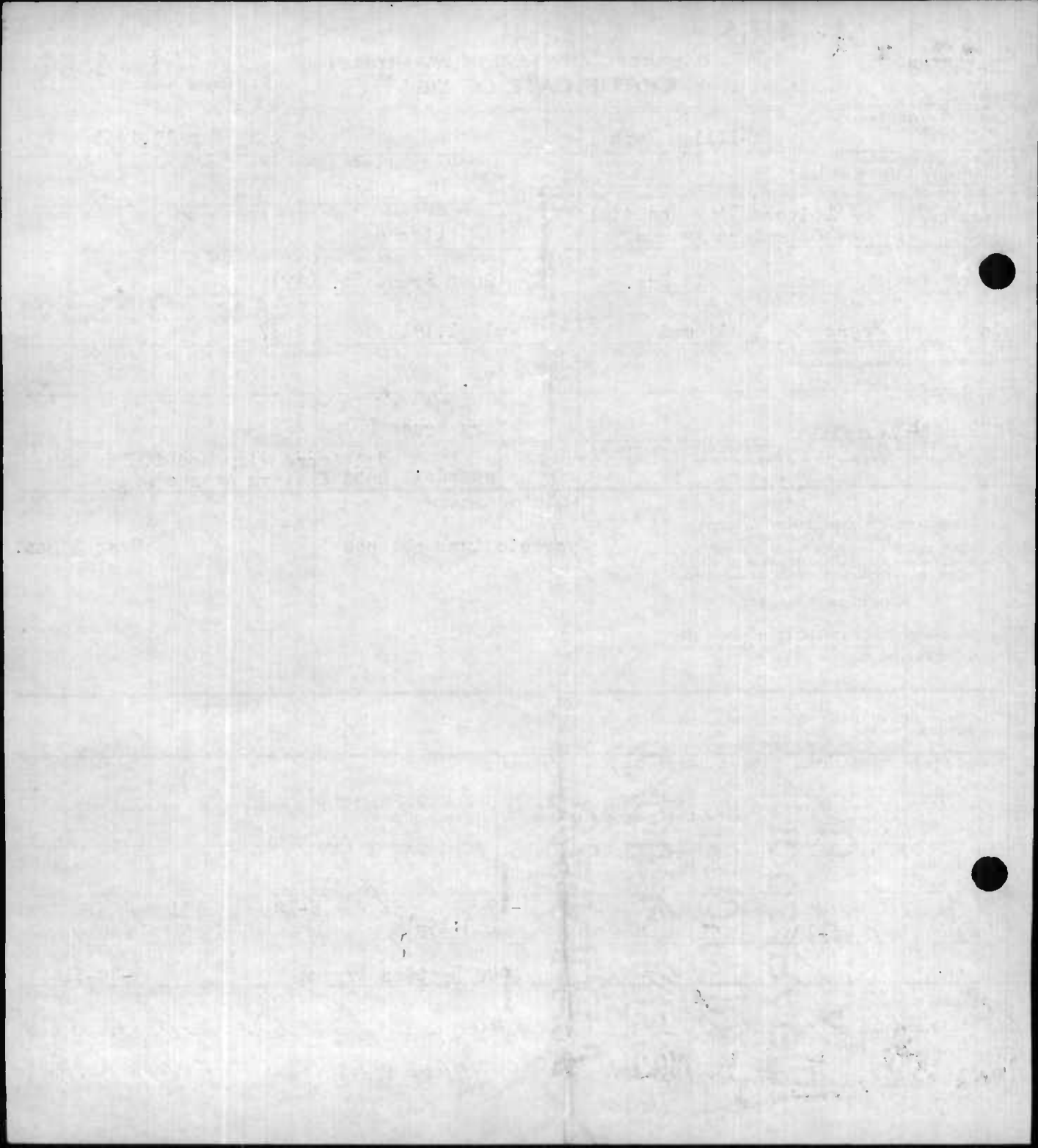
25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1951

VS 150

114 D



5251 4565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4565
Registered No.

BIRTH NO. 51-12056

1. NAME OF DECEASED
(Type or Print)

Baby Boy Burns

2. DATE
OF
DEATH

5/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Md. Gen Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

1 Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

13-06

D. STREET ADDRESS (If rural, give location)

828 Poores St.

5. SEX

male

6. COLOR OR RACE

wht

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

5/21/51

9. AGE (In years
last birthday)

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

1 Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Vernon L. Burns

14. MOTHER'S MAIDEN NAME

Boise N. Nowak

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Vernon L. Burns - 828 Poores St.

18. 754.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Intra-ventricular septal defect

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized anasarca.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1951, to 5/21, 1951, that I last saw the
deceased alive on 5/21, 1951, and that death occurred at 7:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

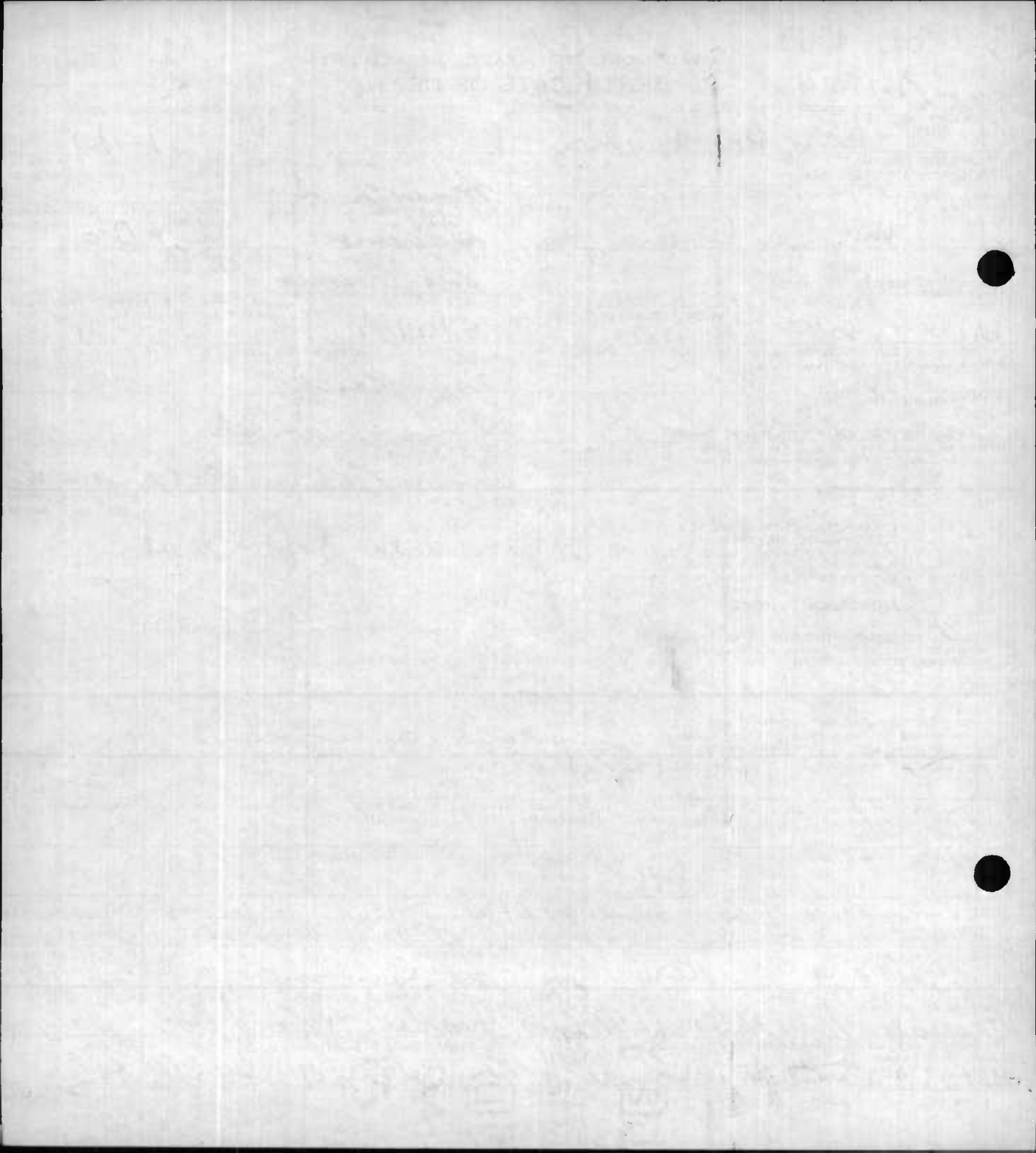
25. FUNERAL DIRECTOR

ADDRESS

MAY 21 1951

Thurston E. Williams, M.D.

Thurston E. Williams, M.D. 3818 Roland Ave Md



532
AB-128369

51

4566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51

4566

Registered No. _____

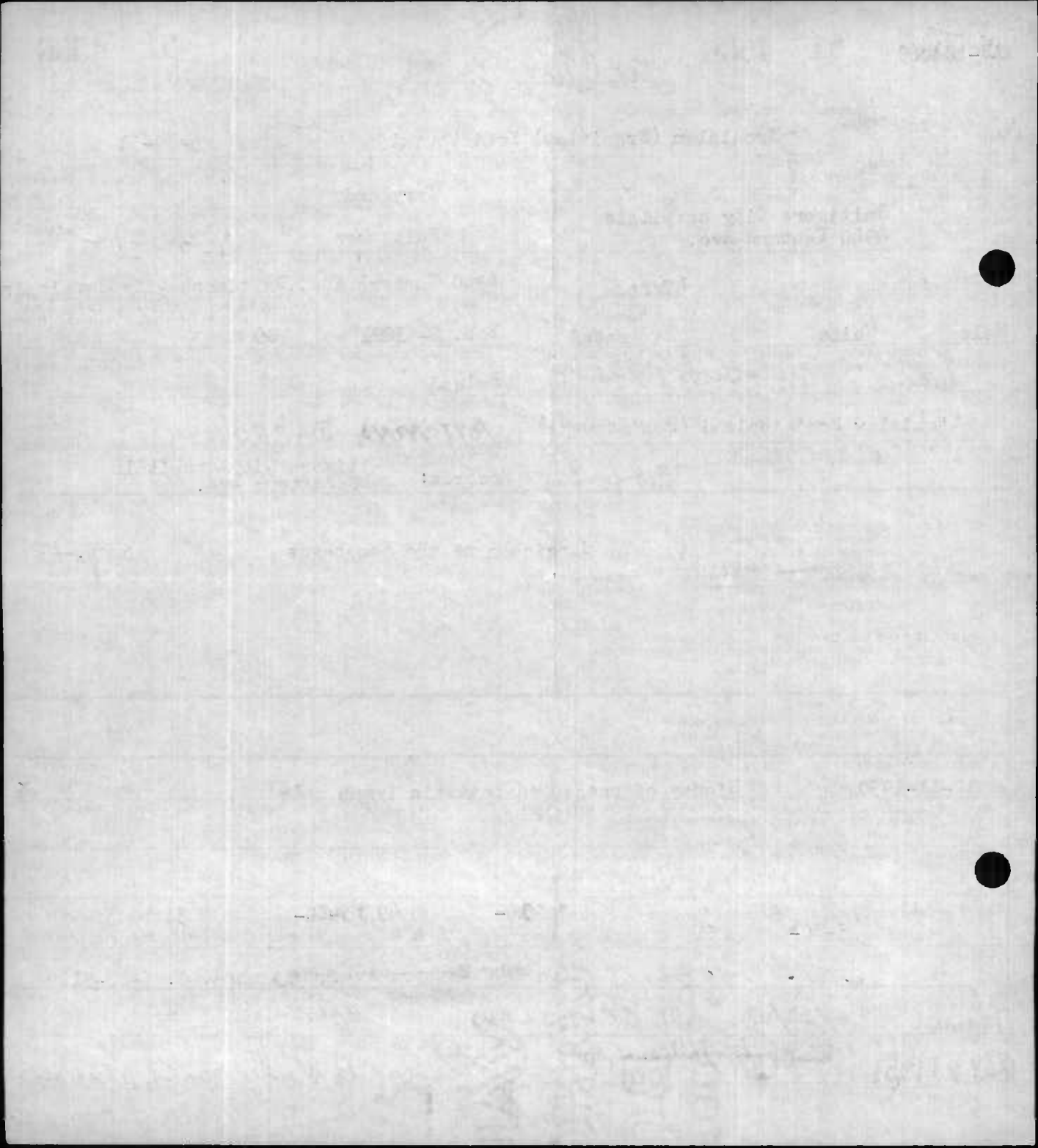
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Bronislau (Bronislaw) Poniatowski		2. DATE OF DEATH 5-20-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
C. Length of stay in Baltimore 47yrs		D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave., Baltimore City Hospitals	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Feb. 2- 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gibbs Packing Co.	9. AGE (in years last birthday) 60
13. FATHER'S NAME Stanislaw Poniatoniski (Poniatowski)		11. BIRTHPLACE (State or foreign country) Poland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. 218-03-6651		14. MOTHER'S MAIDEN NAME ANTONINA DABROWSKI	
17. INFORMANT Baltimore City Hospitals		ADDRESS Records: 4940 Eastern Ave.	

18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Esophagus CAUSE OF DEATH (A) Carcinoma of the Esophagus DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH 5mos.-1-
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 12-11-1950		19B. MAJOR FINDINGS OF OPERATION Biopsy of suspected metastatic lymph node		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from 5-10- , 1949 , to 5-20- , 1951 that I last saw the deceased alive on 5-20- , 1951 , and that death occurred at 6 A. m. , from the causes and on the date stated above.				
23A. SIGNATURE W. Rogers		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md		23C. DATE SIGNED 5-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5/22/51	24C. NAME OF CEMETERY OR CREMATORIAL ST. STANISLAUS	24D. LOCATION (City, town, or county) (State) BALTIMORE, Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1951		25. FUNERAL DIRECTOR George A. Weber 705 S. Ann St	



630

51 4567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4567

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE

TRUETT (TRUITT)

2. DATE
OF
DEATH

May 18th, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2312 W. Lexington Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2312 W. Lexington Street

Length of stay in Baltimore

40 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 10, 1873

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

James Pratt

14. MOTHER'S MAIDEN NAME

Eliza Lattney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Norman Truitt 2312 W. Lexington St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29, 1951, to 5-18, 1951, that I last saw the deceased alive on 5-18, 1951 and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

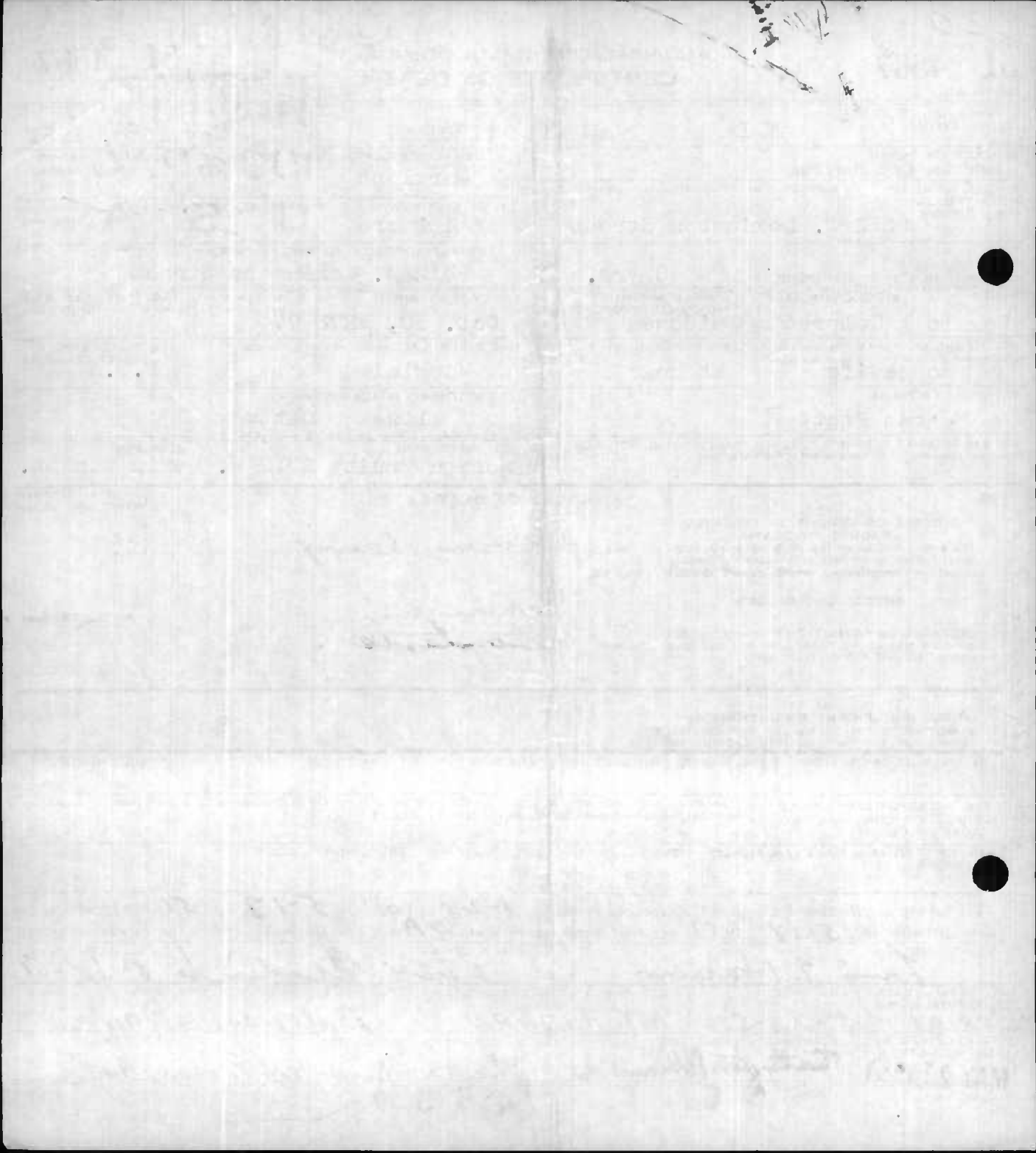
MAY 21 1951

VS 150

4 5 5 2

48a

MEDICAL CERTIFICATION



260
51 4568
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4568
Registered No.1. NAME OF DECEASED
(Type or Print)

Frank A Fisher

2. DATE
OF
DEATH

5/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3725 East Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/31/1888

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Standard Oil Co.

13. FATHER'S NAME

Bernard Fisher

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Kummagunda Cephart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Anna Fisher - (same)

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congestive Heart Failure
- Grade IV

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Arterio-
sclerotic C-V Disease

unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.① Nephro-sclerosis - severe
② Diabetes Mellitus
③ Kummagunda - Wilson's Diseaseunknown
- 20 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1951, to 5/19, 1951, that I last saw the
deceased alive on 5/19, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. B. Cannon M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-23-51

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM

24D. LOCATION (City, town, or county)

4701 GERMAN HILL RD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Zeiler 901 S. Conkling St.

MAY 21 1951

VS 150

970 45

61

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4569**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILBER A. BYRNE

2. DATE
OF
DEATH

May 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1210 E. Federal Street

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

DEC. 21-1906

9. AGE (In years last birthday)

44

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHOE MANUFACTURER

10B. KIND OF BUSINESS OR INDUSTRY

CLEMENT & BALL

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN BYRNE

14. MOTHER'S MAIDEN NAME

CLARA NACE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

213-01-2958

17. INFORMANT

ADDRESS

LOUISE C. FURA-3244 KENTUCKY AVE

18. **760X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Diabetes mellitus**

~~XXXXX~~

ANTECEDENT CAUSES

(B) **Arteriosclerotic cardiovascular disease**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 19, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-22-1951

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVET CEM.

24D. LOCATION (City, town, or county)

FREDERICK AVE

DATE RECEIVED BY LOCAL REGISTRAR

MAY 21 1951

REGISTRAR'S SIGNATURE

William V. Smith

25. FUNERAL DIRECTOR

John B. Miller Inc. 2425 E. Oliver St

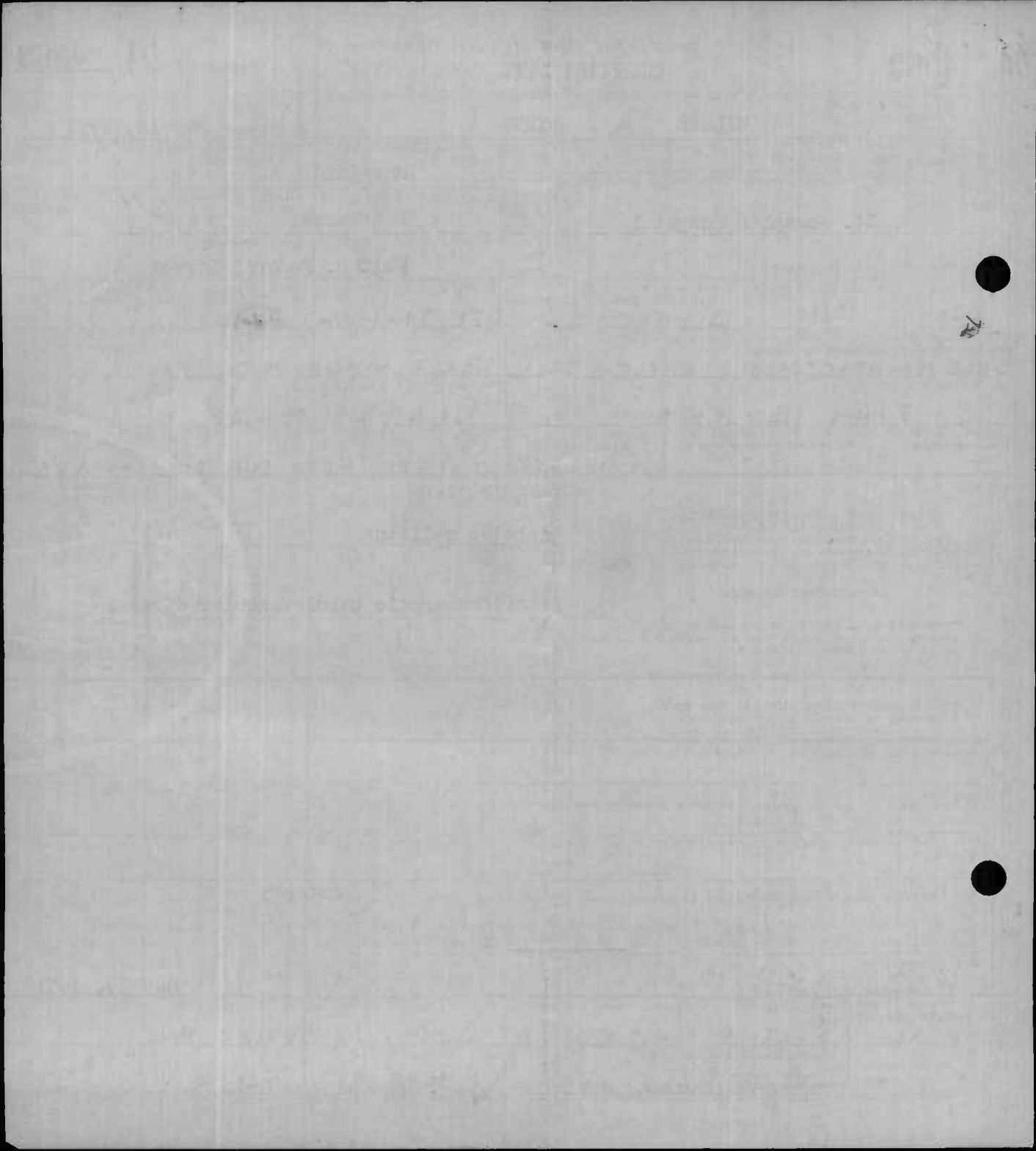
ADDRESS

VS 151

6904W

61

MEDICAL CERTIFICATION



250

51 4570

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4570

1. NAME OF DECEASED (Type or Print) <i>William F. Deegan</i>			2. DATE OF DEATH <i>May 19, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1505 N. Montford Ave.</i>			C. CITY OR TOWN (If outside corporate limits, state RURAL and give township) <i>Baltimore 8-03</i>		
D. STREET ADDRESS (If rural, give location) <i>1505 N. Montford Ave.</i>			E. Length of stay in Baltimore <i>Life</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec. 13, 1911</i>	9. AGE (In years last birthday) <i>39</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Surgical Knitter Navy - Baltimore</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore-Md.</i>		
13. FATHER'S NAME <i>John P. Deegan</i>			14. MOTHER'S MAIDEN NAME <i>Louetta M. Manning</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes</i>			16. SOCIAL SECURITY NO. <i>216-09-9597</i>		
17. INFORMANT <i>Louetta M. Deegan</i>			ADDRESS <i>1505 N. Montford Ave.</i>		

18. <i>401.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Myocarditis (Left Ventricular failure)</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>one week</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Rheumatic fever</i> DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) <i>1</i>		

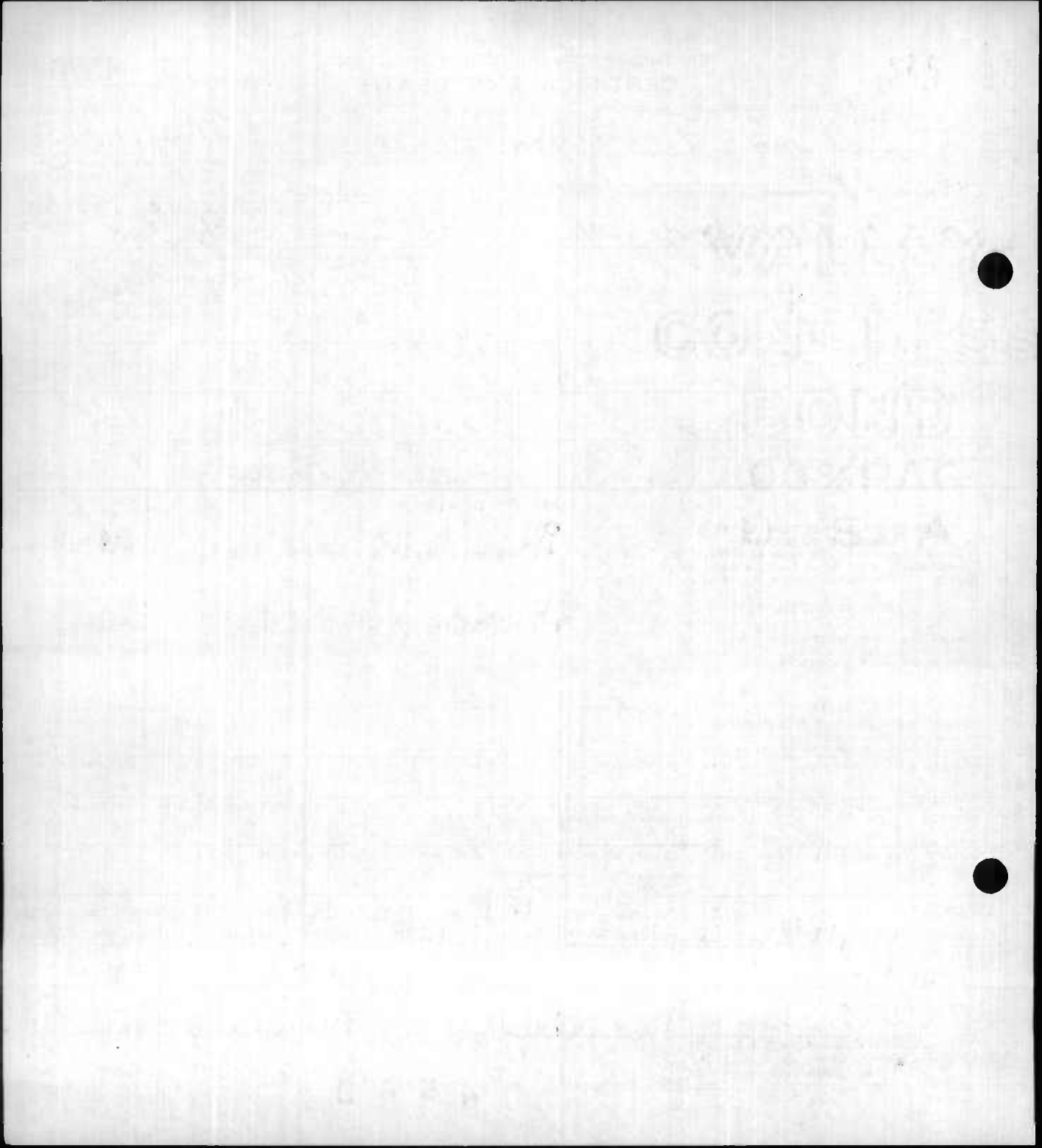
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>15 May, 1946</i> to <i>19 May, 1951</i> , that I last saw the deceased alive on <i>19 May, 1951</i> , and that death occurred at <i>5:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Howard Johnson</i>		23B. ADDRESS <i>1513 N. Mt. Vernon</i>		23C. DATE SIGNED <i>19 May 51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 22, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>News Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		25. FUNERAL DIRECTOR <i>John C. Miller Inc.</i>		ADDRESS <i>2435 E. Oliva St</i>	

VS 150

6903W

93C

MEDICAL CERTIFICATION



410
51 4571BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4571

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.2. DATE
OF
DEATH4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. 443 X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

24 hours

3 days

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5/51, 19, to 5/20/51, 19, that I last saw the
deceased alive on 5/20/51, 19, and that death occurred at 8:20 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

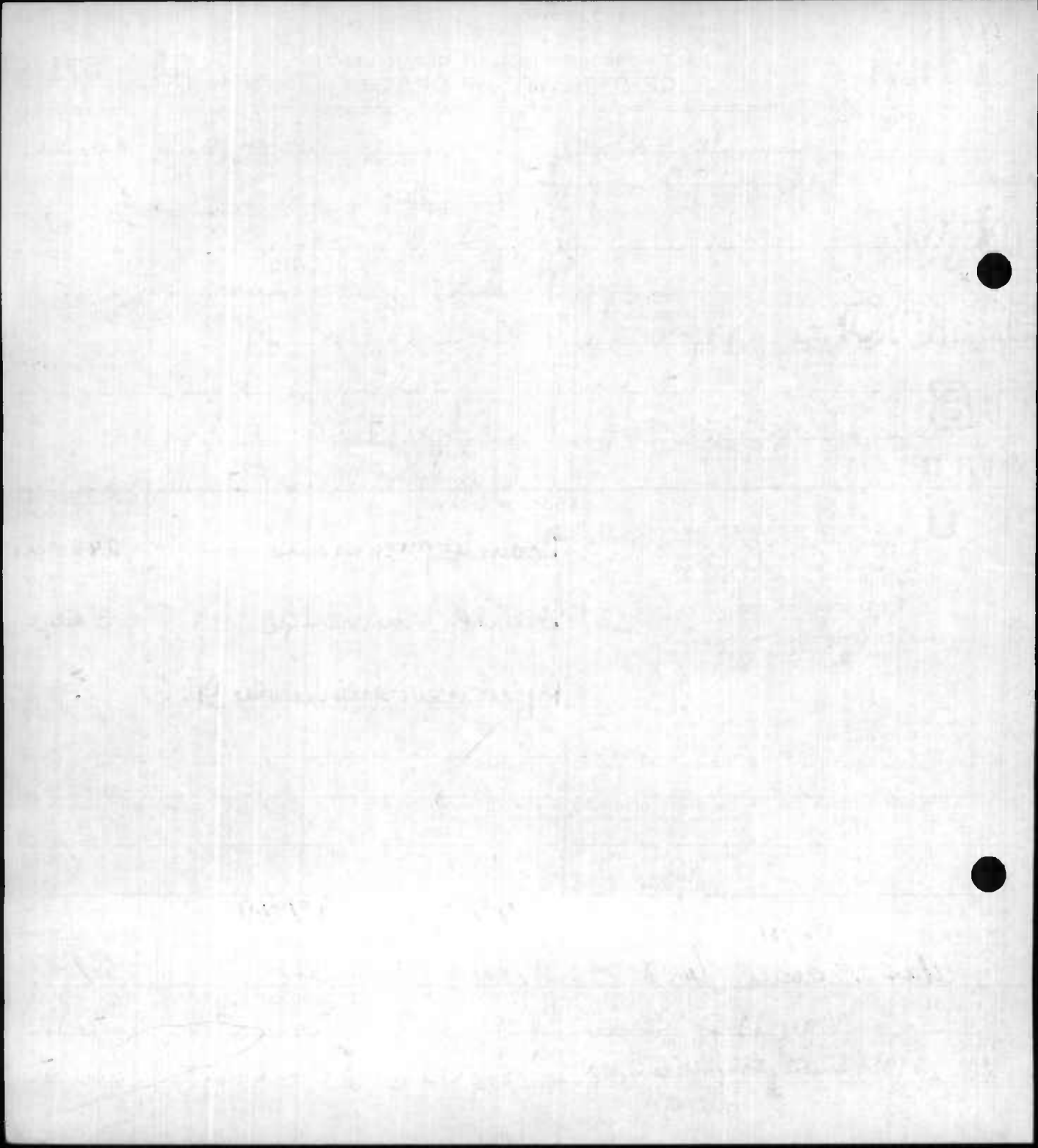
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4572

Registered No.

51 4572

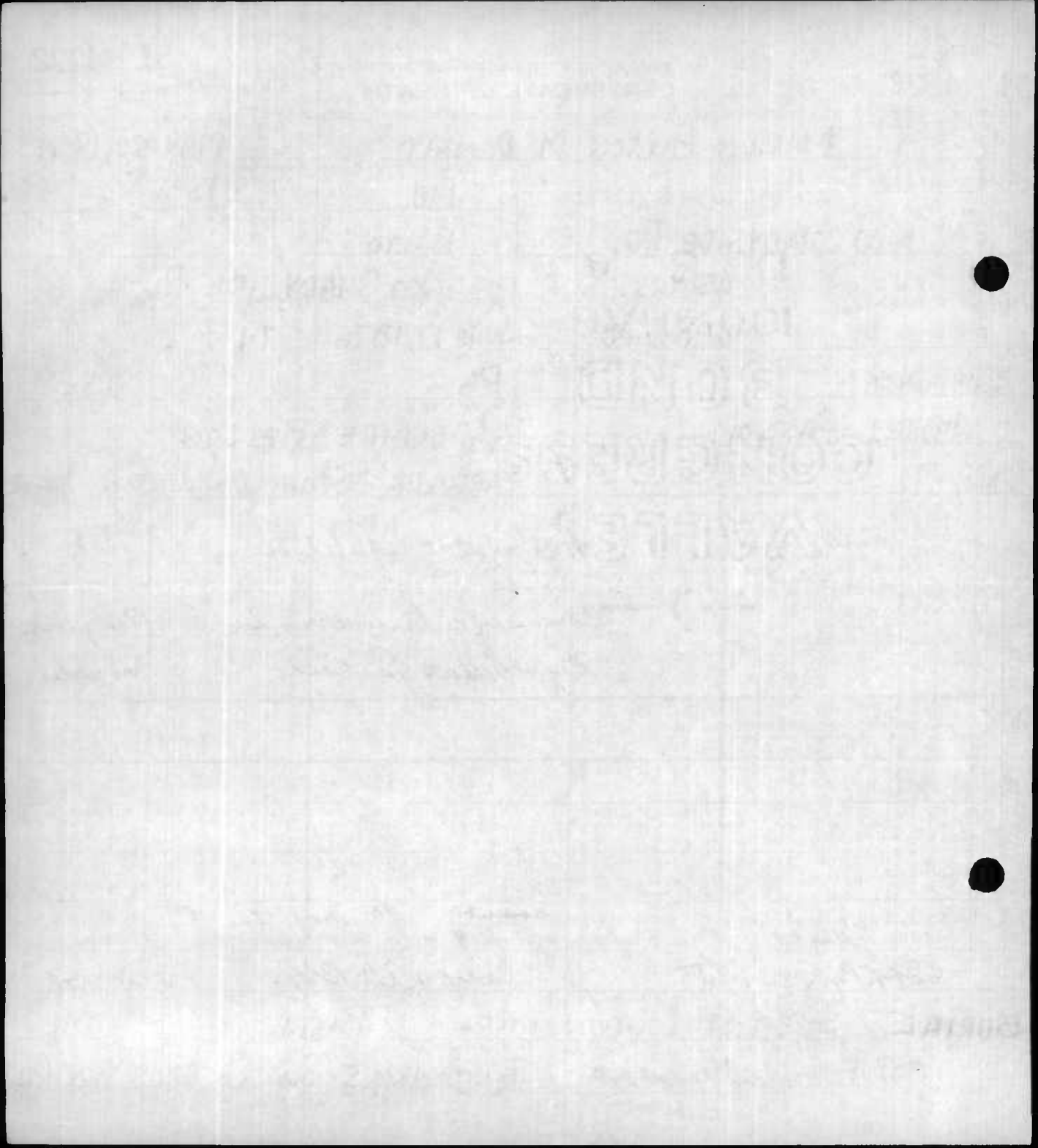
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARION PAXSON McDONALD			2. DATE OF DEATH MAY 20, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 9-02		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1600 SHADYSIDE RD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO		
C. Length of stay in Baltimore 45 YRS. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1600 SHADYSIDE RD.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 17, 1876	9. AGE (in years last birthday) 74	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PA.
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME MOSES PAXSON		
14. MOTHER'S MAIDEN NAME ADELAIDE BETSON			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS BARBARA McDONALD JOHNSON SAME		
18. 4-20-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial infarction DUE TO (B) Coronary arteriosclerosis DUE TO (C) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 1 wk. 2 or years. 2 or years.			19. DATE OF OPERATION 5-23-1951		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from about , 1940, to May 19 , 1951, that I last saw the deceased alive on May 19 , 1951, and that death occurred at 9 A m., from the causes and on the date stated above.					
23A. SIGNATURE Robert B. Smyth		23B. ADDRESS M. D. Maries City Bldg.		23C. DATE SIGNED 5/20/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-23-1951		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK	
24D. LOCATION (City, town, or county) (State) BALTO. MD.		25. FUNERAL DIRECTOR H. W. JENKINS & SONS Co.		ADDRESS 4905 YORK RD.	

VS 150

94a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4573**

52
BIRTH NO. **4573**

1. NAME OF DECEASED (Type or Print) GEORGE ANTHONY FARINACCI, JR.		2. DATE OF DEATH May 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Colorado B. COUNTY V-05	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Denver	
6. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2815 Poplar St.	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH July 11, 1925
11. AGE (In years last birthday) 25		12. BIRTHPLACE (State or foreign country) Denver, Colorado	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sailor		14. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. FATHER'S NAME George A. Farinacci, Sr.		16. MOTHER'S MAIDEN NAME Audre Lee Nickon	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes Current duty		18. SOCIAL SECURITY NO. _____	
19. INFORMANT George A. Farinacci, Sr., 2815 Poplar St.		20. ADDRESS Denver Colorado	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) Intracranial hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 838 Rt. #1 West Elkridge, Howard Co Md. South of State Rt. 102 6300
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 19, 1951 3:05 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Passenger in auto and auto collision

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *[Signature]* 23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED **May 21, 1951**
M.D. ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24B. DATE **May 22, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Denver, Colorado** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **MAY 21 1951** REGISTRAR'S SIGNATURE *[Signature]* 25. FUNERAL DIRECTOR **Wastler Funeral Home, Inc.** ADDRESS **5301-E Capital St. Wash., D.C.**

V S 151 **N-803.3** **59591** **170c**

MEDICAL CERTIFICATION

2024

12

THE STATE OF TEXAS

1912

IN SENATE

January 1, 1912

REPORT

OF THE

COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE

YEAR 1911

PRESENTED TO THE SENATE

AT THE REGULAR SESSION

OF 1912

BY

JOHN W. HARRIS,

COMMISSIONER.

DAVID W. BROWN, PRINTING OFFICE, DALLAS, TEXAS.

152
1 4574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4574

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Spence

2. DATE
OF
DEATH

May 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give town name)

D. STREET ADDRESS (If rural, give location)

2448 Terrafirma Rd

C. Length of stay in Baltimore

6 yrs.

Yrs.
Mos.
Days

5. SEX

male Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-24-44

9. AGE (in years last birthday)

6

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Raymond Spence

14. MOTHER'S MAIDEN NAME

Hilson Spence

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 204.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Leukemia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPTIC

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/22/1951, to 5/20, 1951, that I last saw the deceased alive on 5/20, 1951, and that death occurred at 10:51 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Leomon F. Rosenzweig M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

May 21, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

DATE RECEIVED BY LOCAL REGISTRAR

MAY 21 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

24C. NAME OF CEMETERY OR CREMATORY

St. Calvary

24D. LOCATION (City, town, or county)

Anne Arundel Co. Md.

25. FUNERAL DIRECTOR

W. L. L. Funeral Home

1456 Druid Hill Ave.

1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4575**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN W. VACHAL

2. DATE
OF
DEATH

5-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore,

D. STREET ADDRESS (If rural, give location)

905 N. Collington Ave. - 5

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1-29-87

9. AGE (In years
last birthday)

64

10 Under 1 Year
Months: Days

3

11 Under 24 Hours
Hours: Min.

22

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TINNER

10B. KIND OF BUSINESS OR
INDUSTRY

ROOFING

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

VACLAV VACHAL

14. MOTHER'S MAIDEN NAME

BARBARA JANDA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W.W.I

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT

ADDRESS

Edward C. Pelisek - 905 N. Collington Ave. 5

18. **540.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Subphrenic abscess + gastric perforation**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Perforated gastric ulcer**
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 19, 1951

19B. MAJOR FINDINGS OF OPERATION

Perforated gastric ulcer

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-17, 1951**, to **5-21, 1951**, that I last saw the
deceased alive on **5-21, 1951**, and that death occurred at **1:50 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Wm. B. Reardon

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

5-21-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

24 MAY 51

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 21 1951

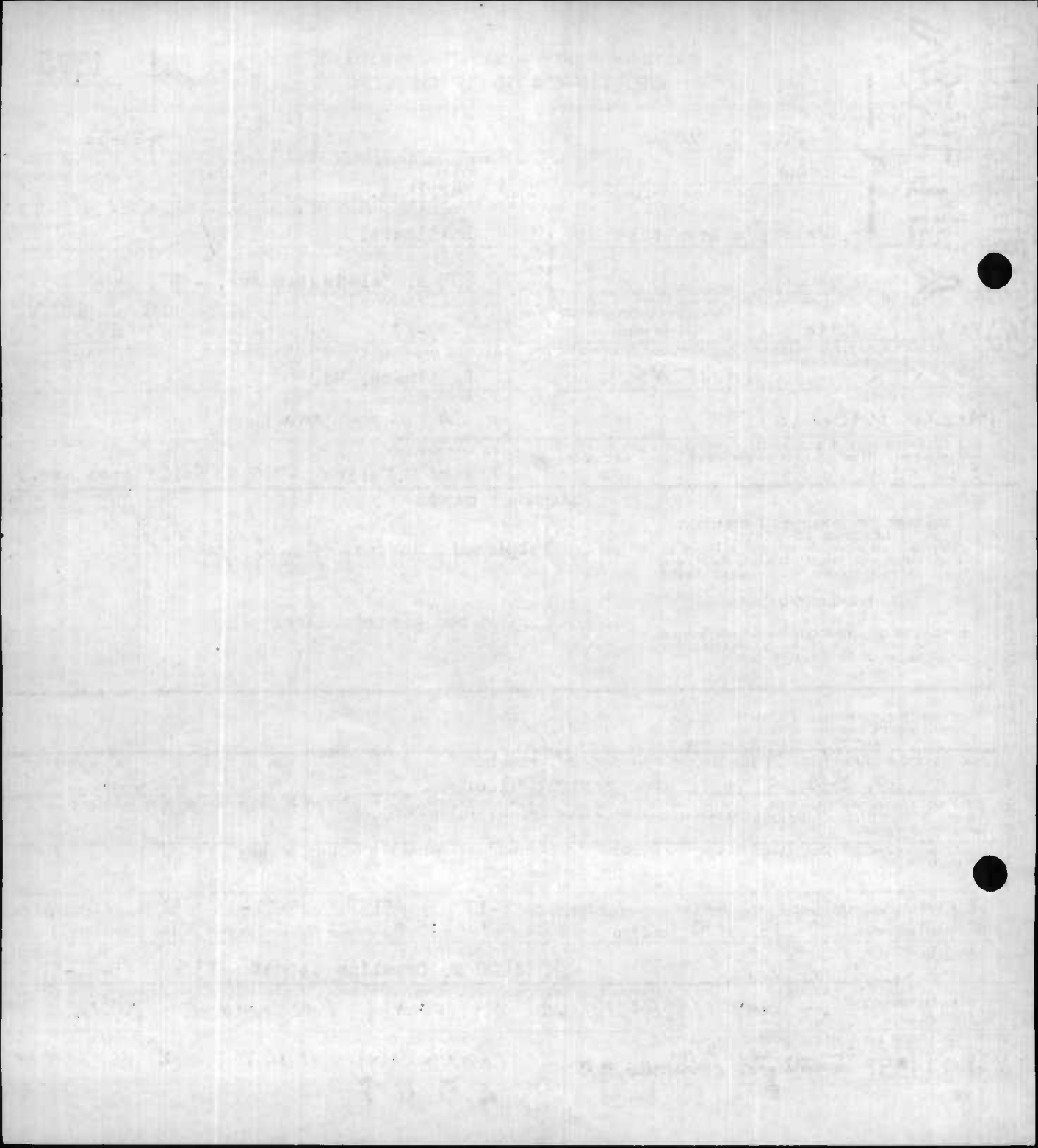
REGISTRAR'S SIGNATURE

Wm. B. Reardon

25. FUNERAL DIRECTOR

ADDRESS

FRANK CVACH 6500 N. CHESTER ST



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

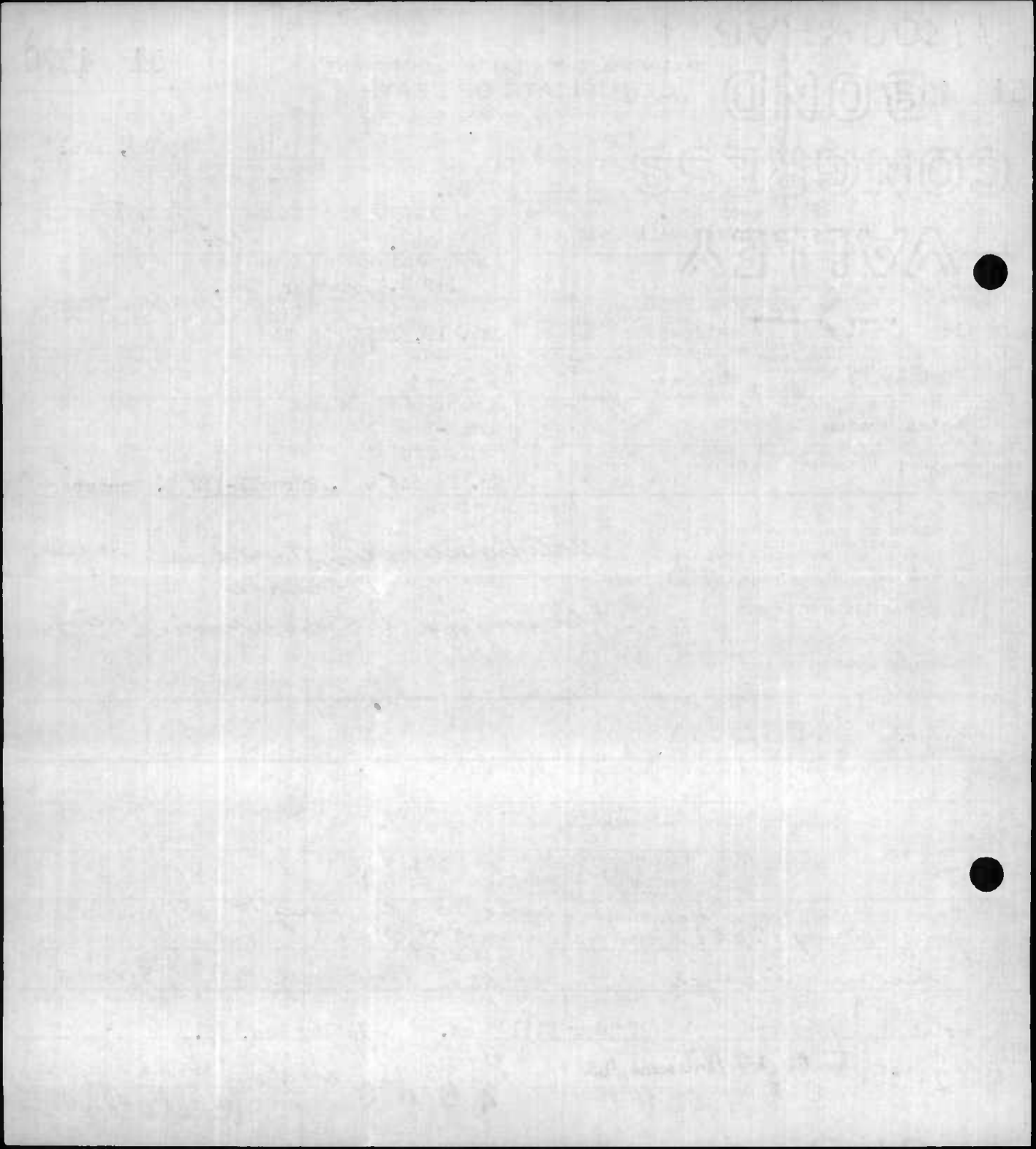
51 4576

Registered No.

51 4576

1. NAME OF DECEASED (Type or Print)		RUTH R. OLIFF		2. DATE OF DEATH May 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR 6915 Beech Ave. INSTITUTION Harford Convalescent Home		A. STATE Md.			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		B. COUNTY 20-07			
D. STREET ADDRESS (If rural, give location) 112 S. Monastery Ave.					
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Oct. 10, 1866		9. AGE (In years last birthday) 84		10. UNDER 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Moses Greene		14. MOTHER'S MAIDEN NAME Anna -			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Mr. Theodore H. Burcell-112 S. Monastery Ave	
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) arteriosclerotic Heart Disease					
DUE TO					
(B) coronary arteriosclerosis					
DUE TO					
(C)					
INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 10 yrs.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 13, 1951, to May 19, 1951, that I last saw the deceased alive on May 18, 1951, and that death occurred at 545 A. M., from the causes and on the date stated above.					
23A. SIGNATURE George Sawyer		23B. ADDRESS M. O. 4808 Harford Rd.		23C. DATE SIGNED 5/20/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/22/51		24C. NAME OF CEMETERY OR CREMATORY Poplar Hill Cem.	
24D. LOCATION (City, town, or county) (State) Valley Lee, Md.		24E. LOCAL REGISTRAR MAY 21 1951		24F. REGISTRAR'S SIGNATURE Wm. J. P. Baker & Sons	
24G. ADDRESS 931 Balto Md		24H. FUNERAL DIRECTOR		24I. ADDRESS	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

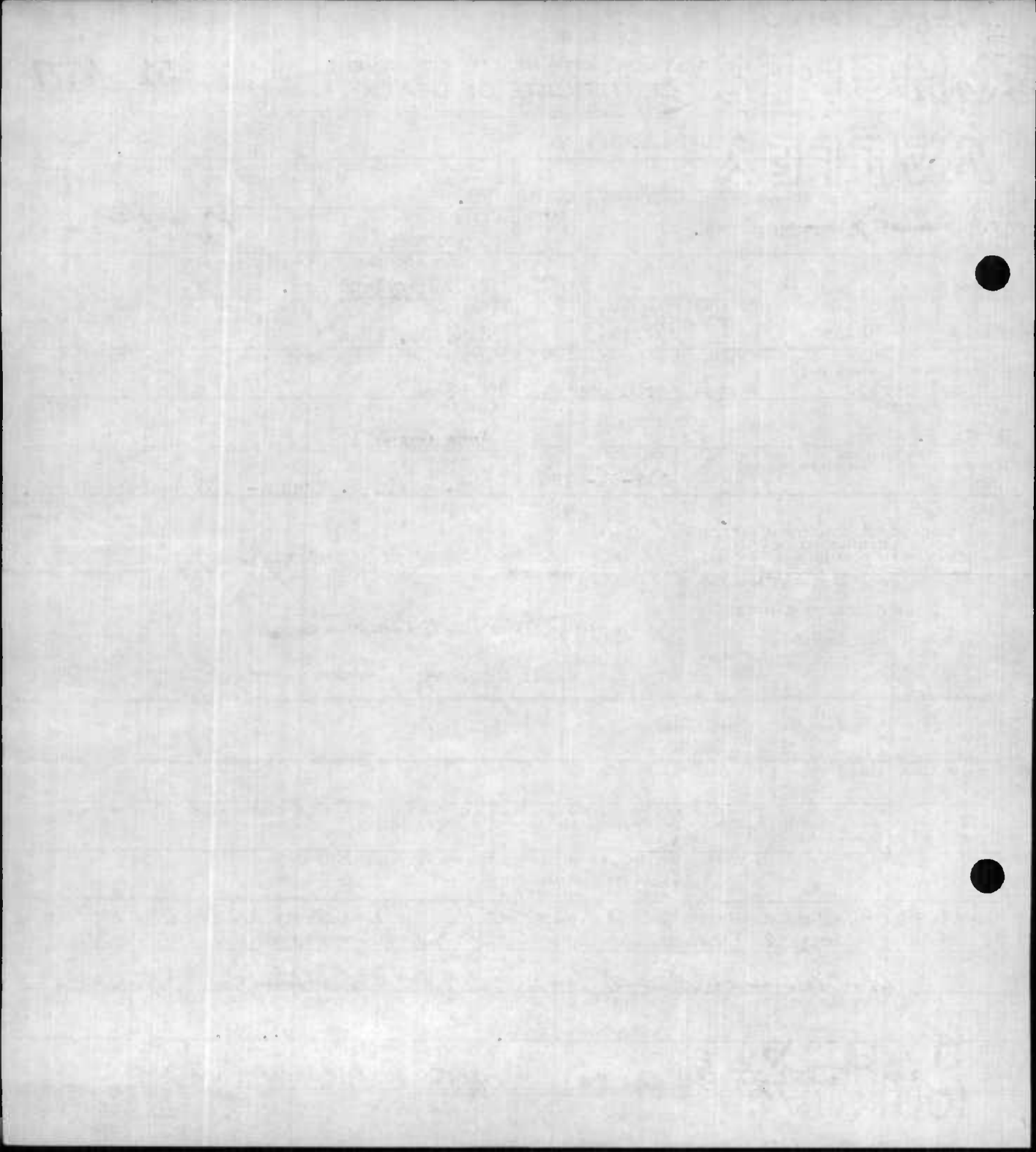
Registered No. **51 4577**

500
51 4577
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWIN G. SKEEN		2. DATE OF DEATH May 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2702 Maryland Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2702 Maryland Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 30, 1885
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) steel worker	11. BIRTHPLACE (State or foreign country) Maryland
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) steel worker		10B. KIND OF BUSINESS OR INDUSTRY steel products	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edwin M. Skeen		14. MOTHER'S MAIDEN NAME Anna Gosnell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-01-0270	
17. INFORMANT Mrs. Edwin G. Skeen - 2702 Maryland Ave.		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		
(C) Coronary disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/23/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1, 1951 , to May 20, 1951 , that I last saw the deceased alive on May 19, 1951 , and that death occurred at 7 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE William H. Smith		23B. ADDRESS 3429 Chestnut St		23C. DATE SIGNED May 21-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/23/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1951	REGISTRAR'S SIGNATURE William H. Smith	25. FUNERAL DIRECTOR Wm. J. Dickner & Sons		ADDRESS 931 East Md.	



250
51 4578BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4578

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Susan Effie Jackson

2. DATE
OF
DEATH

May 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

2301 Tucker Ave.,

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

28-03

D. STREET ADDRESS (If rural, give location)

2301 Tucker Ave.,

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

Female

White

Widowed

Nov. 22, 1865

85

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Columbus Parker

14. MOTHER'S MAIDEN NAME

Matilda Dell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Thomas P. Jackson 2301 Tucker Ave.,

1B.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Hypertensive C.V. Disease

10 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April, 1951, to May, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1134 E. Belvedere

21 May 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5-22-1951

Oakland M.E. Church Cem.

Carroll Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

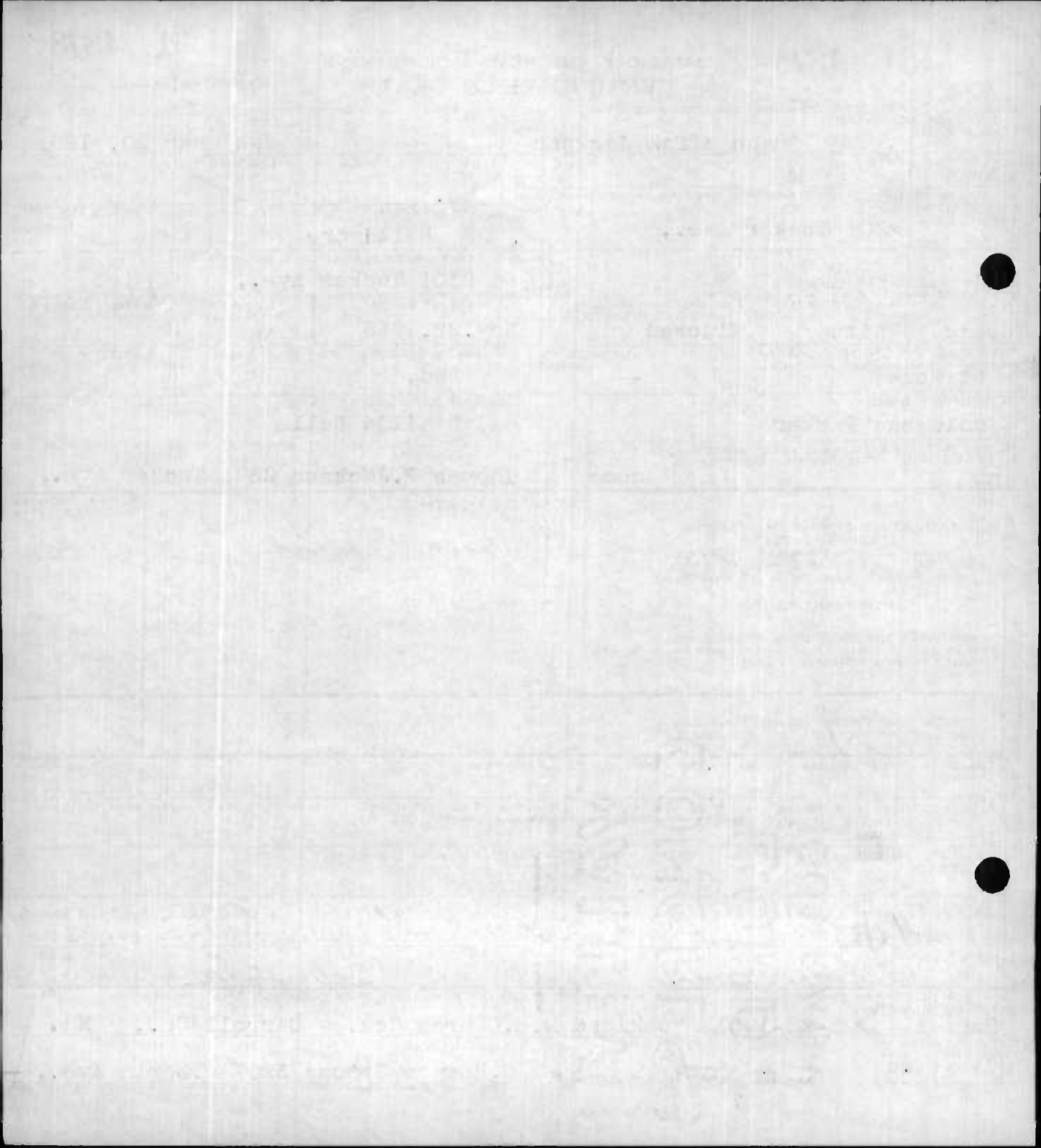
MAY 21 1951

G. Howard Strong

3207 W. North Ave.,

VS 150

937



425
51 4579

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4579

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER NELSON

2. DATE

OF DEATH 5-20-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Wicomico

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

310 EIGHT ST. 7212

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 12, 1889

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

painter

10B. KIND OF BUSINESS OR INDUSTRY

painting

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Nelson

14. MOTHER'S MAIDEN NAME

Carolyn Blessing

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hill & Johnson Co. Salisbury, Md.

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Pancreas

DUE TO

7 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Abdominal Metastases

DUE TO

7 weeks

(C) Thrombophlebitis, recent

7 weeks

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

APRIL 1951

19B. MAJOR FINDINGS OF OPERATION

Thrombo-Phlebitis with Saphenous Vein

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16/51, 1951, to 5/20, 1951, that I last saw the deceased alive on 5/20/51, 1951, and that death occurred at 6:22 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles T. Henderson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5/20/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/23/51

24C. NAME OF CEMETERY OR CREMATORY

Parson C em.

24D. LOCATION (City, town, or county)

Salisbury, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 21 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Stiles Johnson

ADDRESS

Salisbury, Md. 469

Handwritten text at the bottom of the page, possibly a signature or date, appearing as "1914" and "10/10/14".

240
51-1580
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 51-4580

1. NAME OF DECEASED (Type or Print) Frank James Hejl			2. DATE OF DEATH May 19 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION MD. COLORING & PRINTING CO.)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 7-05		
D. STREET ADDRESS (If rural, give location) 809 N. CHAPEL ST			E. LENGTH OF STAY IN BALTIMORE 27 Yrs. Mos. Days		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 29 OCT. 1923		9. AGE (In years last birthday) 27 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CYLINDER PRESSMAN		10B. KIND OF BUSINESS OR INDUSTRY PRINTING	11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME FRANK J. HEJL			14. MOTHER'S MAIDEN NAME SOPHIA MUCHNA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) W.W. 2		16. SOCIAL SECURITY NO. 216-14 3163	17. INFORMANT ADDRESS FRANK HEJL 809 N. CHAPEL ST		

18. E974X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxiation due to (A) Hanging DUE TO (B) Hanging DUE TO (C) Hanging		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-20-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Printing Company	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hillen and Holliday Sts. 3rd floor		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-20-51	21E. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Hanged self		

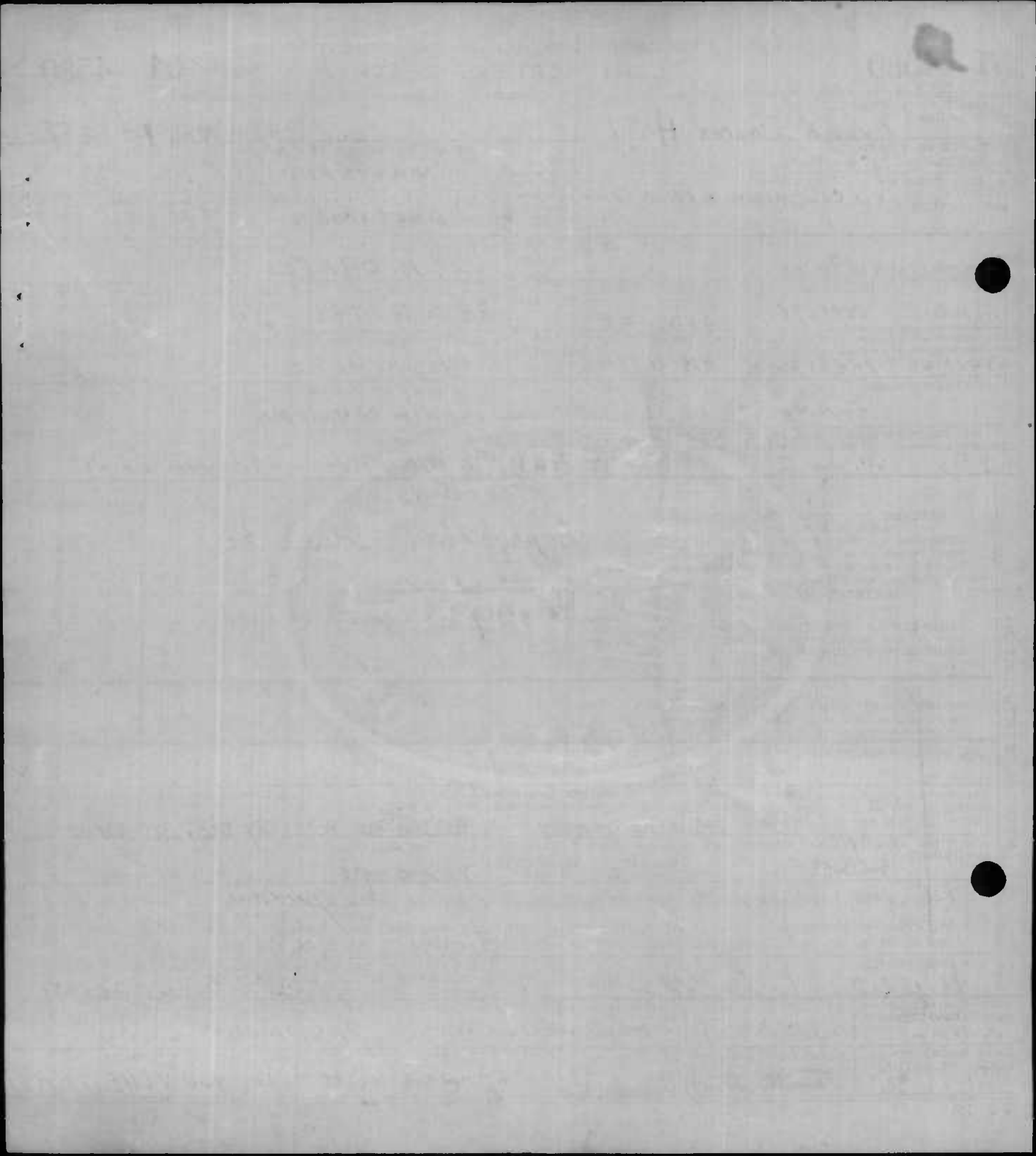
22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Vach		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED May 20 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 23 MAY 51	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	24D. LOCATION (City, town, or county) (State) BALTIMORE 6 MD.	

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1951	REGISTRAR'S SIGNATURE William V. Vach	25. FUNERAL DIRECTOR FRANK VACH & SON	ADDRESS 900 N. CHESTER ST
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VS 151
N 991X
575 4M
164a ✓

MEDICAL CERTIFICATION



642
51 4581

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4581

1. NAME OF DECEASED (Type or Print) <i>Magdalena Burlage</i>		2. DATE OF DEATH <i>May 18, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Halp 4 Recovery</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>8-03</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHN HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>59</i> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>2626 E. Hoffman St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11-10-1882</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>68</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <i>George Maier</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Not Known</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>JOHN HOPKINS HOSPITAL</i> ADDRESS	
18. <i>782.9</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Peripheral circulatory collapse</i> DUE TO (B) <i>Undetermined</i> DUE TO (C) <i>Obstruction of common bile duct due to stones</i>		INTERVAL BETWEEN ONSET AND DEATH <i>18 hrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5-18-</i> , 19 <i>51</i> to <i>5-18-</i> , 19 <i>51</i> that I last saw the deceased alive on <i>5-18-</i> , 19 <i>51</i> , and that death occurred at <i>1:20 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Richard R. Kiffin, Jr.</i> M. D.		23b. ADDRESS <i>JOHN HOPKINS HOSPITAL</i>	
23c. DATE SIGNED <i>5/18/51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>5-22-51</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>HOLY REDEEMER</i>		24d. LOCATION (City, town, or county) (State) <i>BALTIMORE 6. MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 21 1951</i>		25. FUNERAL DIRECTOR <i>FRANK CVACH & SON</i> ADDRESS <i>900 N. CHESTER ST</i>	

MEDICAL CERTIFICATION

10/27/76

10/28/76

10/29/76

10/30/76

10/31/76

11/1/76

11/2/76

11/3/76

11/4/76

11/5/76

11/6/76

11/7/76

11/8/76

11/9/76

11/10/76

11/11/76

11/12/76

562 51 4582

51 4582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude W. Hammersclough

2. DATE
OF
DEATH

May 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Temple Gardens Apt

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

13-01

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Temple Gardens Apt. Madison Ave.

C. CITY OR TOWN

Baltimore, Maryland

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Madison Ave. & Lake Drive

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

August 15, 1882

9. AGE (in years last birthday)

68

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

Female

White

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Issac Whitehill

14. MOTHER'S MAIDEN NAME

?????????Loppheimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Joseph J. Greenberg

ADDRESS Phil. Pa
Art. Tex. Bld

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary thrombosis

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio sclerosis

DUE TO

Confined to invalid chair for yrs

2 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

due to deformity caused by rheumatoid arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1948-1951, to May 20, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 89 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. Frederick Leitz

M. D.

Temple Garden apt

May 21-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 22, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1951

T. H. Williams, Jr.

Daniel Sordani

1902 Putaw Place

VS 150

94a

MEDICAL CERTIFICATION

1932

11

WALLER
CONFESS
ECHO
100-100-100

U.S.A.

CONFESS

(3)

612 51 4584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4584

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie Sarbacher

2. DATE
OF
DEATH

5/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1807 McHenry St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1807 McHenry St.

Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 1888

9. AGE (In years last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jerry Morgan

14. MOTHER'S MAIDEN NAME

Ella Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs.

1807 McHenry St.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C. V. D.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 days

years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to May 11, 1951, that I last saw the deceased alive on May 18, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Kennan & Gage

M. D.

23B. ADDRESS

3101 W Baltimore St.

23C. DATE SIGNED

5/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 22/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

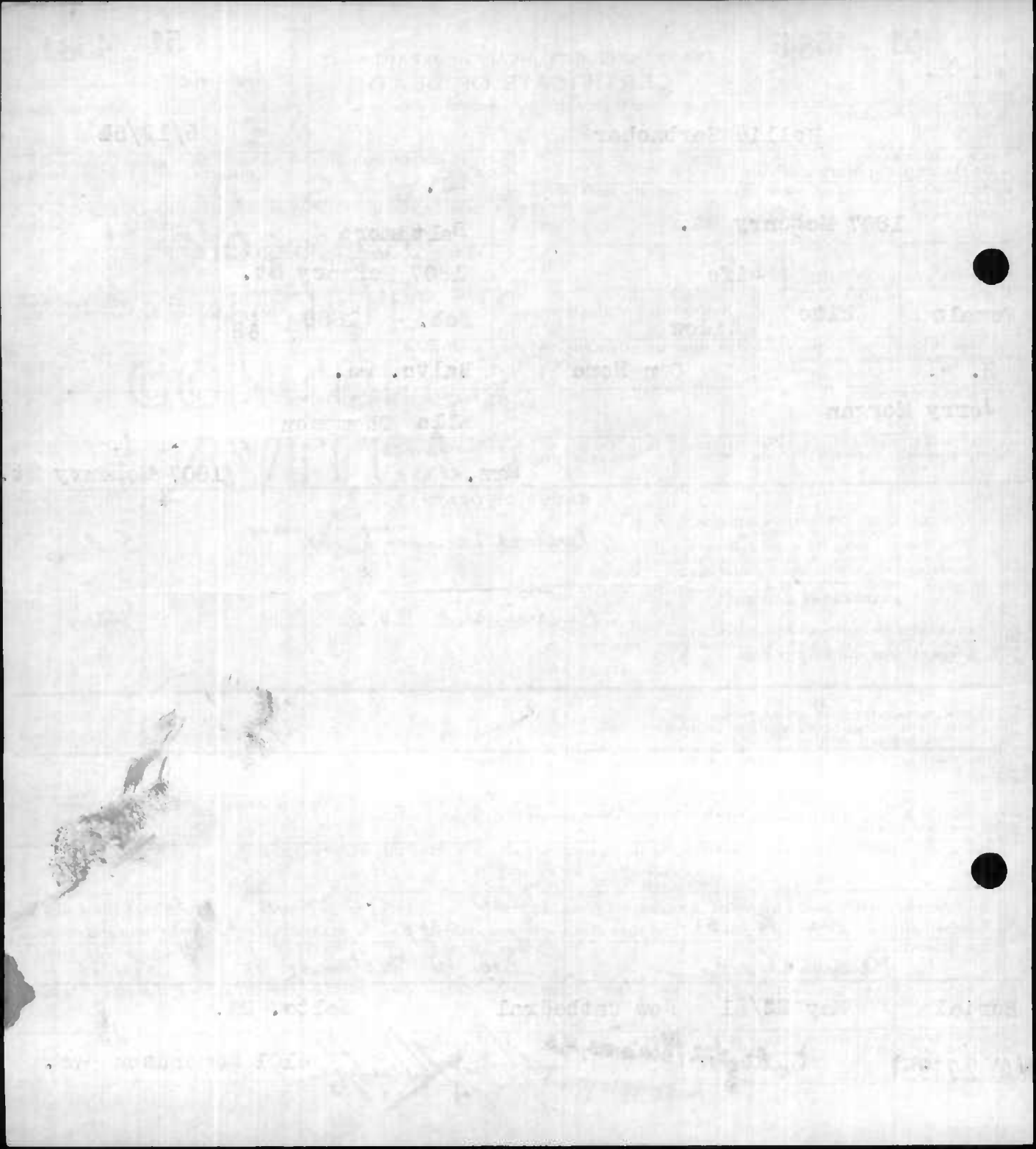
ADDRESS

MAY 22 1951

T. J. Williams

A. S. H. H. H.

4101 Edmondson Ave.



152 51 4585

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4585

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

ROBINSON

2. DATE
OF
DEATH

May 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Morgue
700 Fleet StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

20-01

D. STREET ADDRESS (If rural, give location)

517 Kirby Lane

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Easton, Shore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-01-6538

17. INFORMANT

ADDRESS Sister in Law

Mary Oreal 826 Mount

18. E 976 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of heart

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

517 Kirby Lane

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

5-17-51 6:30 P.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
May 18, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 22/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 22 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

J. Brooks Ruggold

ADDRESS

14637, Camp

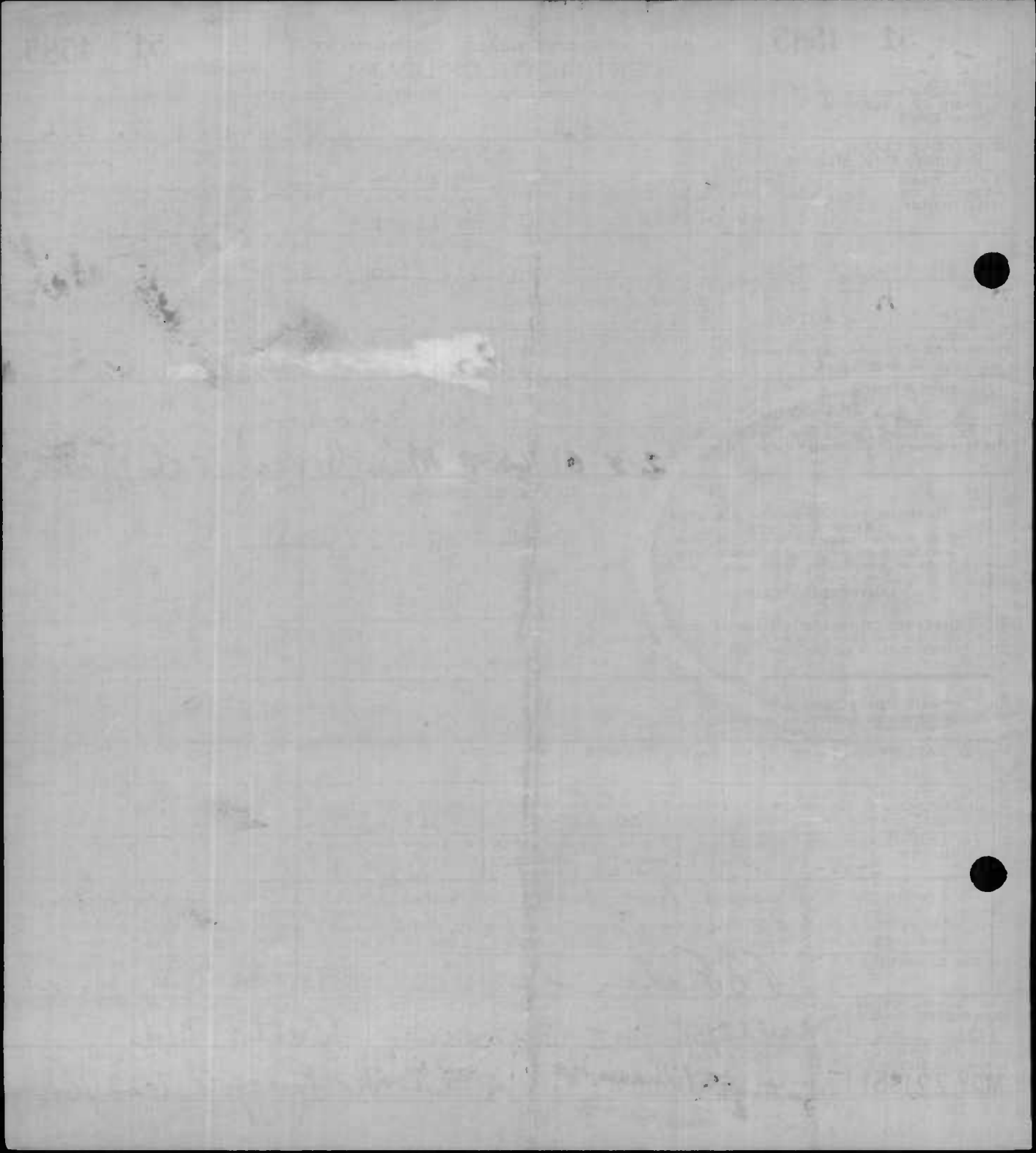
VS 151

N-861.4

97099

164c

MEDICAL CERTIFICATION



300 51 4586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4586

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Reed

2. DATE
OF
DEATH

May 19, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

569 Baker St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

569 Baker st.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Chronic Myocarditis

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Chronic Nephritis

4 yrs.

Arteriosclerosis

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from April 2, 1951, to May 19, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

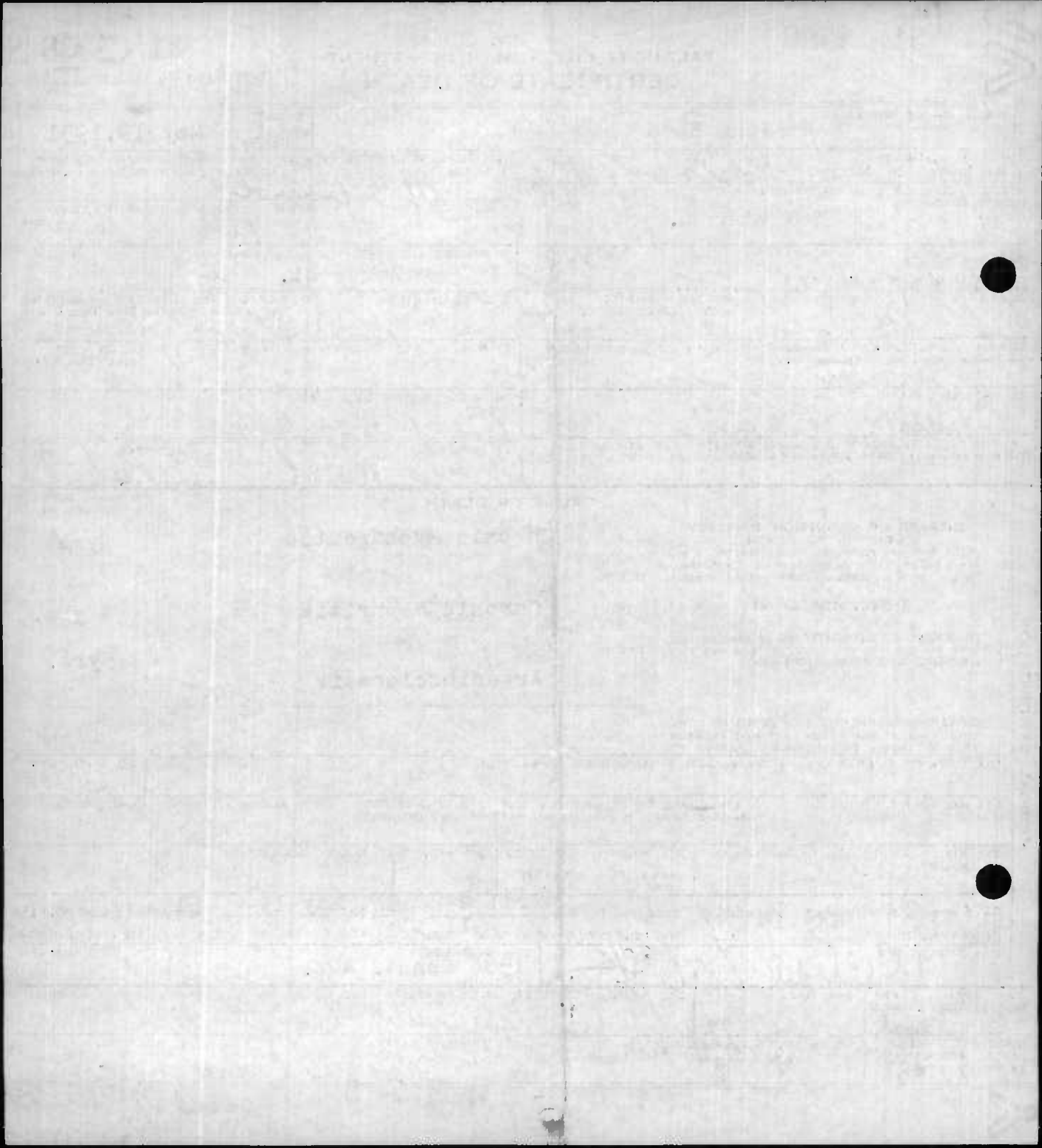
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION



51 4587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4587

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry C. Henderson

2. DATE
OF
DEATH

5/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baldwin

D. STREET ADDRESS (If rural, give location)

5300

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2/23/79

9. AGE (in years
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Luther G. Henderson

14. MOTHER'S MAIDEN NAME

Jenbo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Sclerosis

undet.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardiovascular Dis.

undet.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Benign Prostatic Hypertrophy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8/51, 19__, to 5/22/51, 19__, that I last saw the
deceased alive on 5/22/51, 19__ and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Theodore H. Frankel

M. D.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

5/22

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 25-1951

24C. NAME OF CEMETERY OR CREMATORY

Friendship Methodist

24D. LOCATION (City, town, or county)

Fallston

(State)

Hdbs Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Theodore H. Frankel

25. FUNERAL DIRECTOR

W. J. Archer

ADDRESS

Benson Ind.

VS 150

937

MEDICAL CERTIFICATION

1951
2/26
b

51 4588

51 4588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print)		BENJAMIN HOMER BATTE		2. DATE OF DEATH May 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		A. STATE Md.			
4806 Liberty Hgts. Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-41			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4806 Liberty Hgts. Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 2, 1890	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Distr. Mgr.			10B. KIND OF BUSINESS OR INDUSTRY Coffee Business		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Henry Batte (w)		
14. MOTHER'S MAIDEN NAME Hane Homer			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Mary K. Batte - 4806 Liberty Hgts.		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 162x	CAUSE OF DEATH (A) Primary Carcinoma of Lung. (B) (C)	INTERVAL BETWEEN ONSET AND DEATH 6 months.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Bronchitis

15 yrs.

19A. DATE OF OPERATION April - 1951	19B. MAJOR FINDINGS OF OPERATION (1) - Inoperable Carcinoma - left lung.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1952, to May 20, 1951, that I last saw the deceased alive on May 20, 1951, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE Paul L. Chambers	23B. ADDRESS 4108 Liberty Hgts.	23C. DATE SIGNED 5/21/51
------------------------------------	------------------------------------	-----------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 5/24/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Crematory	24D. LOCATION (City, town, or county) (State) Balto., Md.
--	----------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1951	REGISTRAR'S SIGNATURE T. J. Williams, M.D.	25. FUNERAL DIRECTOR Mrs. J. J. Sarno	ADDRESS 477 Balto Md.
---	---	--	--------------------------

MAY 22 1951

290 63

THE UNIVERSITY OF CHICAGO
LIBRARY

VALLEY
PRESS
BOND
REUTERS
D. S. A.

51 4589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4589

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jane Ann McRobbie

2. DATE
OF
DEATH

May 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4418 Falls Road

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4418 Falls Road

E. Length of stay in Baltimore

28 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 26, 1861

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kingussig, Scotland

12. CITIZEN OF
WHAT COUNTRY?
Scotland

13. FATHER'S NAME

Robert Gunn

14. MOTHER'S MAIDEN NAME

Jane A. Cuthill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Jane Yeager 4418 Falls Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic myocarditis

1945

ANTECEDENT CAUSES

DUE TO

(B)

Chronic Interstitial Nephritis

1945

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Mar 30, 1951, to May 21, 1951, that I last saw the
deceased alive on May 20, 1951, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3603 Liberty Heights Ave.

5-21-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 24, 1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1951

Burgee Funeral Home

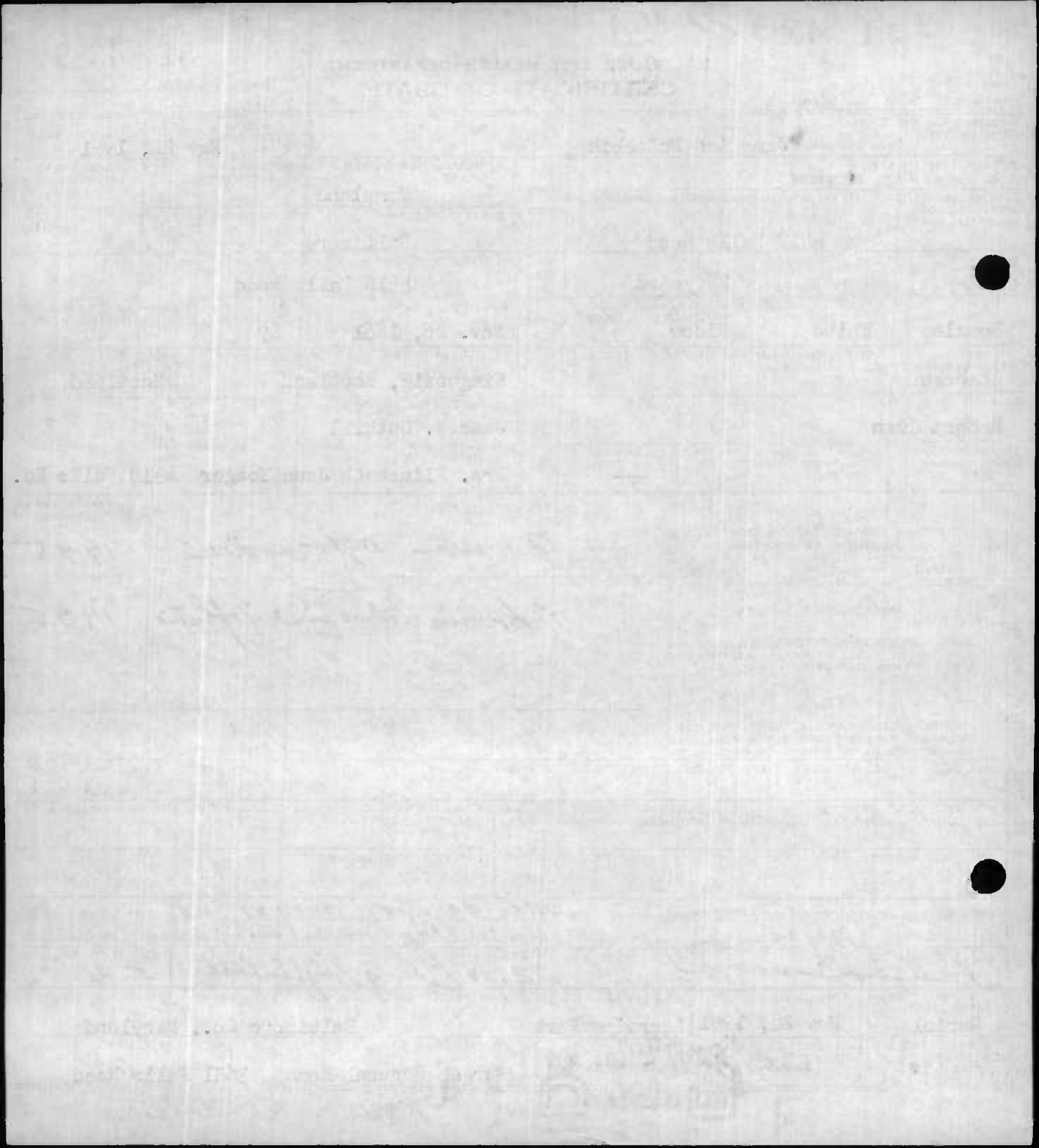
3631 Falls Road

VS 150

Norace H. Burgee

131a

MEDICAL CERTIFICATION



325 51 4590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4590

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE W. WATSON

2. DATE
OF
DEATH

May 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

321 W. 29th Street

Length of stay in Baltimore

25 years

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 15, 1913

9. AGE (in years

last birthday)

38

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plasterer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY

U S A

13. FATHER'S NAME

George W. Watson

14. MOTHER'S MAIDEN NAME

Margaret Ann Rosenbalm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

2nd World War

16. SOCIAL

SECURITY NO.

218-01-8873

17. INFORMANT

ADDRESS

Mrs. Dorothy M. Watson

321 W. 29th St.

18. E 816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Contusion of brain

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Lanvale Street and Park Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 19, 1951 12:10 A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Was a passenger in an auto & auto collision

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE

William J. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 22, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's (Hamden)

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
REGISTRAR

MAY 22 1951

REGISTRAR'S SIGNATURE

William J. Smith

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

VS 151

N-803.2

573 24

Horace F. Burgee

170c ✓

MEDICAL CERTIFICATION

0800 13

0800 13

0800 13

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0800 13

0800 13

0800 13

300 51 4591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4591

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NANNIE (NANCY) PITT		2. DATE OF DEATH May 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 18-01	
Length of stay in Baltimore 30yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 324 N. Fremont Avenue	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/27/1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10B. KIND OF BUSINESS OR INDUSTRY Hospital	9. AGE (in years last birthday) 49
11. BIRTHPLACE (State or foreign country) HAMPTON, VA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME DAVID BYRD		14. MOTHER'S MAIDEN NAME MARY BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 219-30-7929	
17. INFORMANT BENI. PITT		ADDRESS 324 FREMONT AVE	

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER... <input checked="" type="checkbox"/> M.D. May 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/22/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore, Natl.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1951		25. FUNERAL DIRECTOR Charles G. Cooper-512 Carrollton	

VS 151

790 8T

937

MEDICAL CERTIFICATION

1001-12

1001-12

1001-12

51 4592

220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

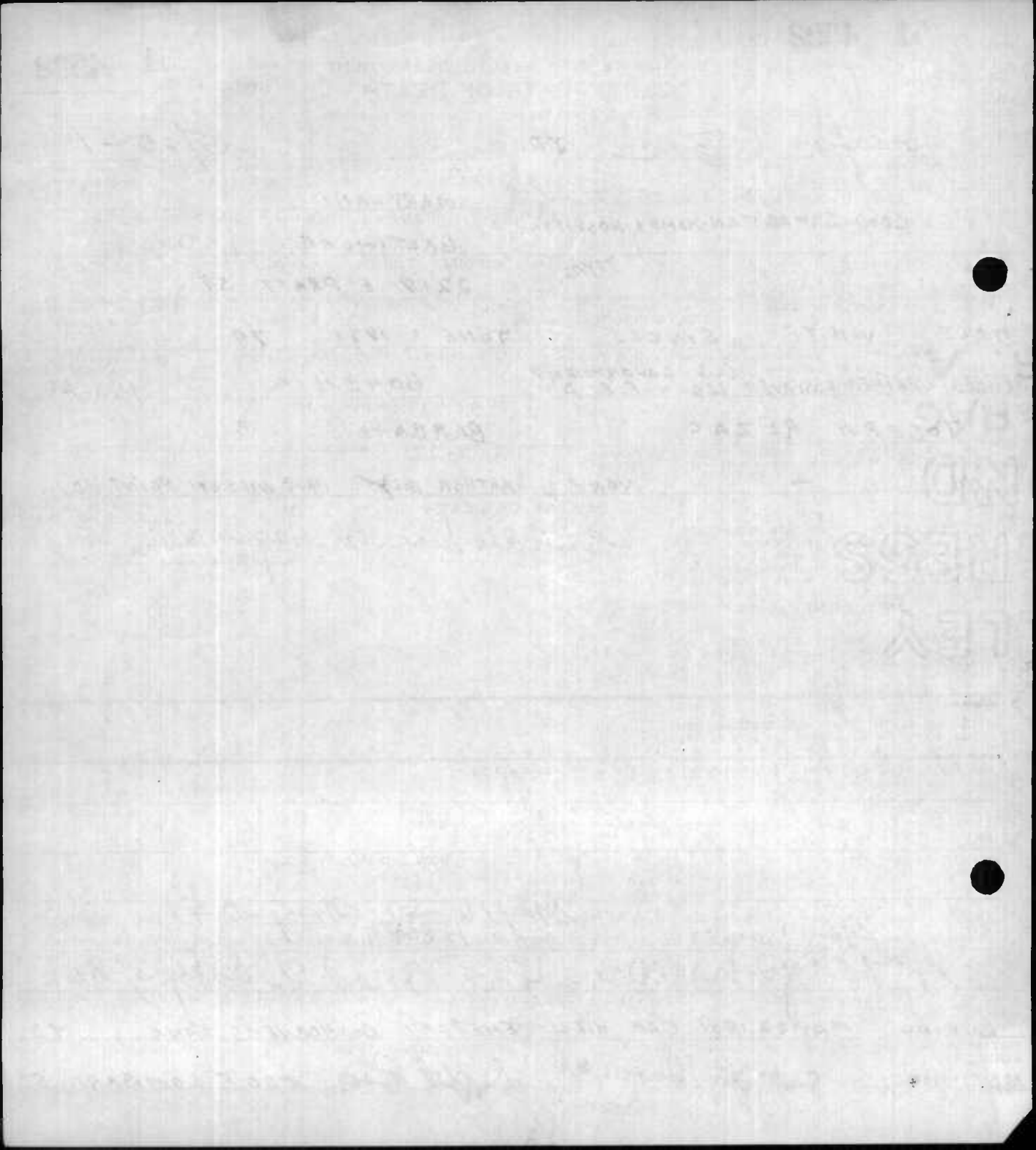
51 4592

Registered No. _____

1. NAME OF DECEASED (Type or Print) Joseph Rezac JR.		2. DATE OF DEATH 5/20/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY BALTIMORE	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION GOOD SAMARITAN HOME & HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 1-05	
6. Length of stay in Baltimore 77 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2218 E PRATT ST.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 1 1971
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WEATHER OBSERVER		10B. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT LOGAN FIELD	9. AGE (In years last birthday) 79
13. FATHER'S NAME JOSEPH REZAC		11. BIRTHPLACE (State or foreign country) BOHEMIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. NONE		14. MOTHER'S MAIDEN NAME BARBARA. 9	
17. INFORMANT ARTHUR BILLY		ADDRESS 1416 WILSON POINT RD.	
18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiovascular Degeneration? DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 16, 1951 , to May 20, 1951 , that I last saw the deceased alive on May 16, 1951 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Harold Johnson		23B. ADDRESS 403 Med Arts Bldg	
23C. DATE SIGNED 5/20/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MAY 23 1951	24C. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24D. LOCATION (City, town, or county) (State) BOOTHORNER'S LANE M.D.
25. FUNERAL DIRECTOR W. J. 221951	REGISTRAR'S SIGNATURE W. J. 221951	ADDRESS 1000 E LOMBARD ST	

MEDICAL CERTIFICATION

937



51 4593

51 4593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret M. Keen (or) Mary Maine Keen

2. DATE
OF
DEATH

May 20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3803 Hyndale Ave

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

26-03

D. STREET ADDRESS (If rural, give location)

3803 Hyndale Ave

Length of stay in Baltimore

15 yrs.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 16-1916

9. AGE (In years
last birthday)

35

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hair Dresser

10B. KIND OF BUSINESS OR
INDUSTRY

Cash Beauty Salon

11. BIRTHPLACE (State or foreign country)

Marshhook Del.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Walter Maine

14. MOTHER'S MAIDEN NAME

Mildred Hyland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

22-01-0464

17. INFORMANT

ADDRESS

Hayden G. Keen 3803 Hyndale Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma, Colon, with
metastasis to LiverINTERVAL BETWEEN
ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Sept. 1946 to May 20, 1951, that I last saw the
deceased alive on May 18, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Hammer, Jr.

23B. ADDRESS

5015 Heridan Ave.

23C. DATE SIGNED

May 22, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 22-51

Wuesley Chapel

Rock Hall Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1951

Cuthbertson Williams

Duggan Bros. 1800 E. Lombard St

VS 150

7408F

46E

Handwritten text, mostly illegible due to blurriness and bleed-through. Visible fragments include:

- Top section: "CONFIDENTIAL" (mirrored/bleed-through), "APR 19 1964", "U.S. DEPARTMENT OF JUSTICE", "FEDERAL BUREAU OF INVESTIGATION".
- Middle section: "Mr. J. Edgar Hoover", "Director, FBI", "Washington, D.C.", "Dear Sir:", "Enclosed for you are two copies of a report dated and captioned as above.", "Very truly yours, J. Edgar Hoover", "Special Agent in Charge".
- Bottom section: "Enclosure", "J. Edgar Hoover", "Director, FBI", "Washington, D.C.", "U.S. DEPARTMENT OF JUSTICE", "FEDERAL BUREAU OF INVESTIGATION".

51 4594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4594

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM STANFORD DAVIS

2. DATE
OF
DEATH

May 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

US Marine Hospital

HOSPITAL OR
INSTITUTION

Wyman Pk. Drive & 31st Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Ellicott City

Route 3

D. STREET ADDRESS (If rural, give location)

Westchester Avenue

c. Length of stay in Baltimore

Just arrived

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/10/75

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED-WEAVER

10B. KIND OF BUSINESS OR
INDUSTRY

WOOLEN-MILL

13. FATHER'S NAME

George Davis

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Dicie Bryant

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

SAW

16. SOCIAL
SECURITY NO.

218-14-1651

17. INFORMANT

Records- US Marine Hospital

ADDRESS

18. 4/20.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction due to
coronary sclerosis with
occlusionINTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1951 to May 22, 1951, that I last saw the
deceased alive on May 22, 1951 and that death occurred at 5:50A m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

M. D.

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

5/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-25-51

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county)

Ellicott City

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F. C. Hegins & Son Ellicott City

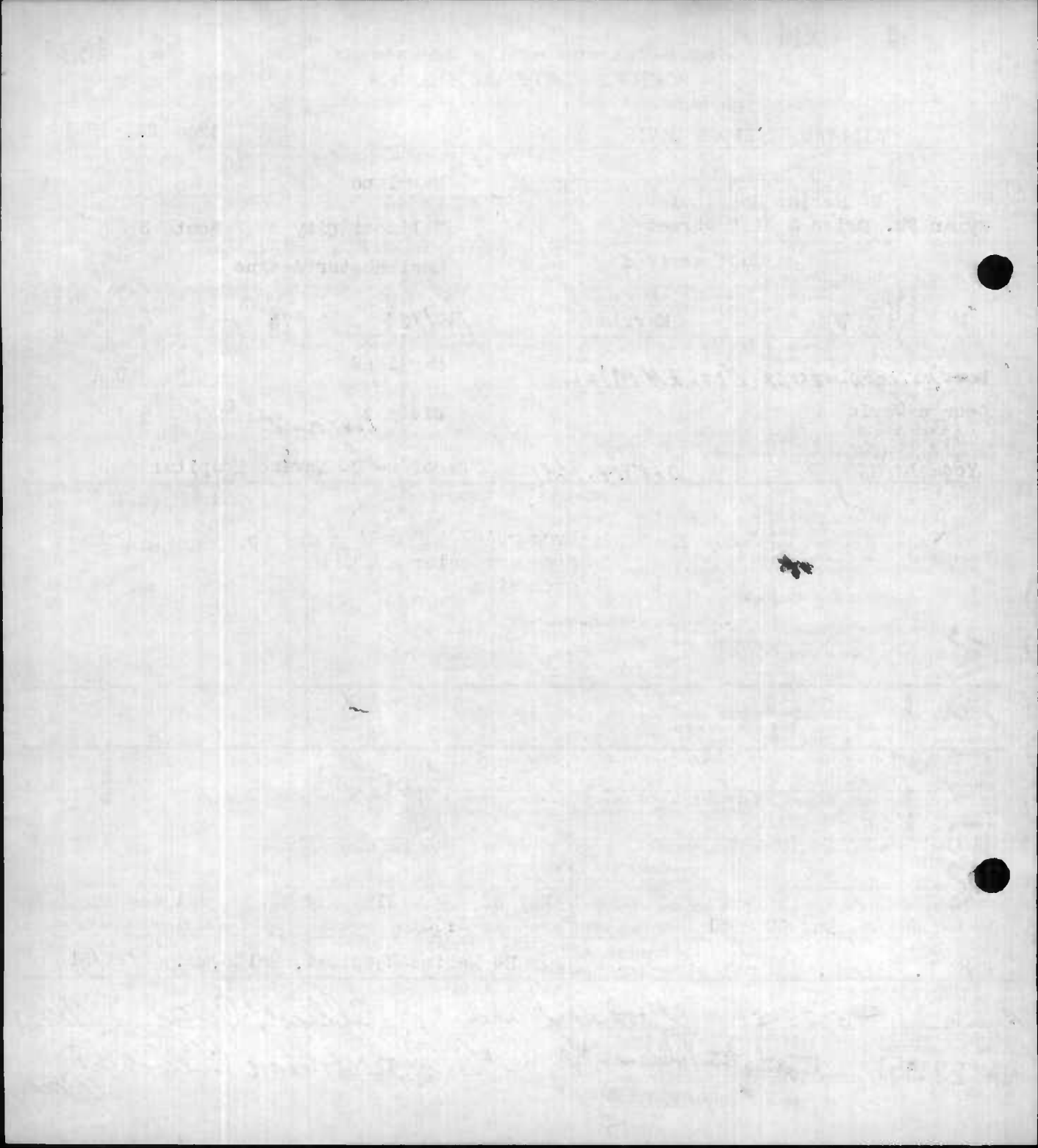
Md

MAY 22 1951

VS 150

94a

MEDICAL CERTIFICATION



51 4595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4595

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEVE VAVILUSAKIS - BASIL

2. DATE
OF
DEATH

May 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

2-03

D. STREET ADDRESS (If rural, give location)

609 S. Broadway

Length of stay in Baltimore

43

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (in years
last birthday)

59

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Michael Vavilusakis

14. MOTHER'S MAIDEN NAME

L :

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-22-7311

17. INFORMANT

ADDRESS

Anthony Cardiges 1310 Kenhill Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarct

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Smith

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 21, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 23-1951

24C. NAME OF CEMETERY OR CREMATORY

Greek Orthodox

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 22 1951

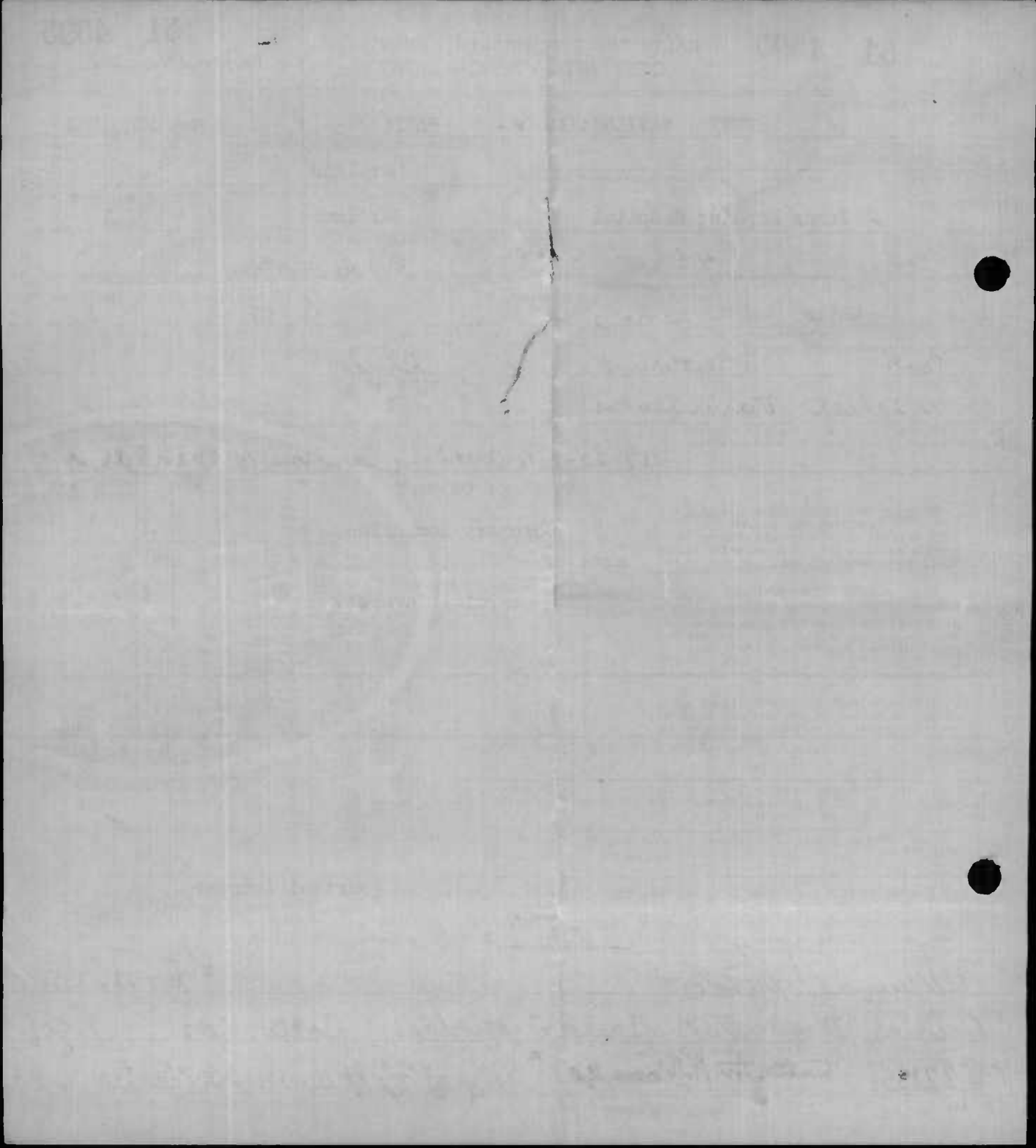
REGISTRAR'S SIGNATURE

William J. Smith

25. FUNERAL DIRECTOR

ADDRESS

W. J. Kowalski 2007 Eastern Ave



51 4596

51 4596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

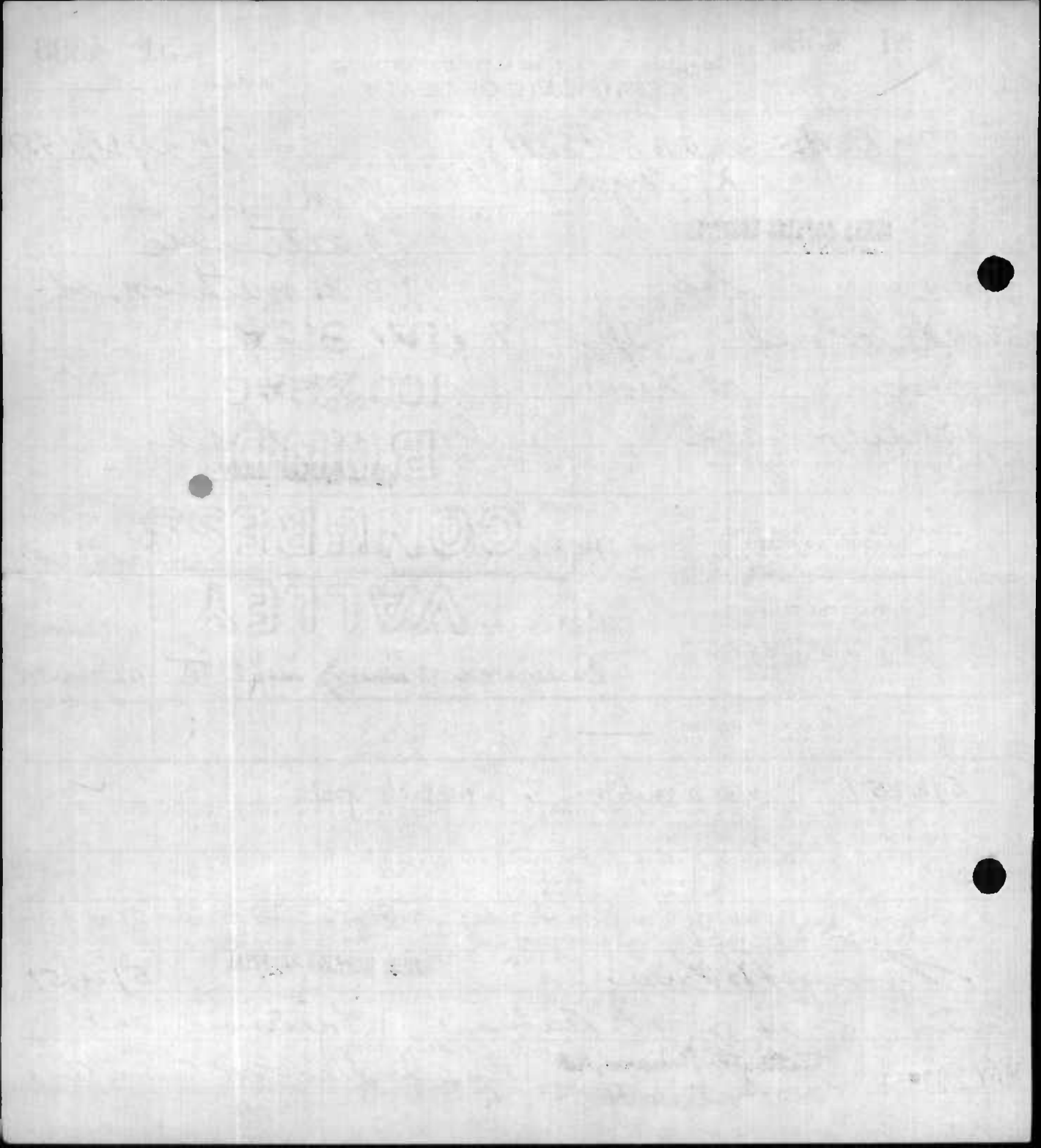
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) BELLE SEGAL BILLY		2. DATE OF DEATH May 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 922 N. York		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY 14-02	
5. FULL NAME OF HOSPITAL OR INSTITUTION JONES HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 646 Smithson St.	
7. SEX Female	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sp.	10. DATE OF BIRTH 7-1-21
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 29	
13. FATHER'S NAME John Segal		14. MOTHER'S MAIDEN NAME Annie Lyle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT JONES HOPKINS HOSPITAL ADDRESS	
16. SOCIAL SECURITY NO.		18. CITIZEN OF WHAT COUNTRY? Md	

18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Hydrocephrosis, bilateral	INTERVAL BETWEEN ONSET AND DEATH unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Carcinomatosis	unknown
		(C) Carcinoma of Cervix, h of N IV	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 5/16/51		19B. MAJOR FINDINGS OF OPERATION was a carcinoma for intractable pain		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-2- , 19 51 , to 5-21- , 19 51 /that I last saw the deceased alive on 5-21- , 19 51 , and that death occurred at 2:20 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. J. M. Bear M. D.		23B. ADDRESS JONES HOPKINS HOSPITAL		23C. DATE SIGNED 5/22/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-24-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore Md					
DATE RECEIVED BY LOCAL REGISTRAR MAY 22 1951		REGISTRAR'S SIGNATURE W. J. Williams, M.D.		25. FUNERAL DIRECTOR Wm. G. Jackson - 916 Penna. Ave ADDRESS	



51 4597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4597

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PEARL

HEMINGWAY

2. DATE
OF
DEATH

May 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

1004 E. Monument Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 5, 1916

9. AGE (In years
last birthday)

34

If Under 1 Year
Months: Days: If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Madison Florida

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Hemingway

14. MOTHER'S MAIDEN NAME

Willie Mae Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 292.6 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Sickle cell anemia

MEXICO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiac failure

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-24-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

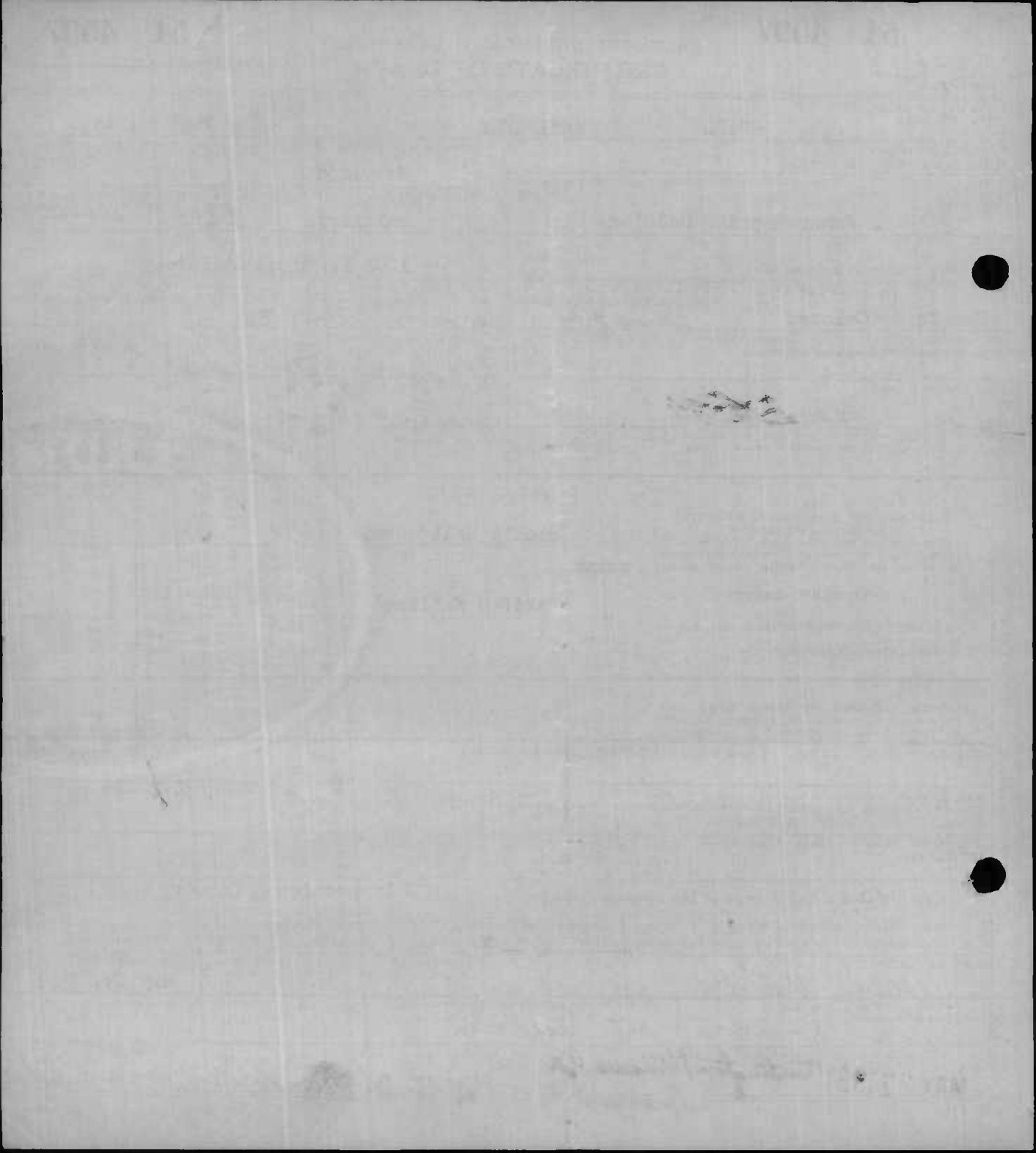
MAY 22 1951

VS 151

7208A

737

MEDICAL CERTIFICATION



300 51 4598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4598

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard R. Rodey. 445758

2. DATE OF DEATH Sunday
MAY 20 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHN HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

PAssadena

D. STREET ADDRESS (If rural, give location)

Box 95, MOUNTAIN ROAD

C. Length of stay in Baltimore

25

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

male white married

8. DATE OF BIRTH

8-1-22

9. AGE (In years last birthday)

28

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician (Lineman)

10B. KIND OF BUSINESS OR INDUSTRY

River Naval Air Sta.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward C. Rodey

14. MOTHER'S MAIDEN NAME

Anna May Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

217-16-1953

17. INFORMANT ADDRESS

JOHN HOPKINS HOSPITAL
Edw. C. Rodey (Father) (same)

18. 760X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Diabetes Mellitus

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

19 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Name 2

19B. MAJOR FINDINGS OF OPERATION

Name

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-1951 to 5-20-1951, that I last saw the deceased alive on 5-20-1951, and that death occurred at 3:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Harold O. Cann

M. D.

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

5/20/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Wed. May 23, 1951

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county) (State)

Anne Arundel County, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 22 1951

REGISTRAR'S SIGNATURE

Wm. H. Williams, Jr.

25. FUNERAL DIRECTOR

G. Howard Evans

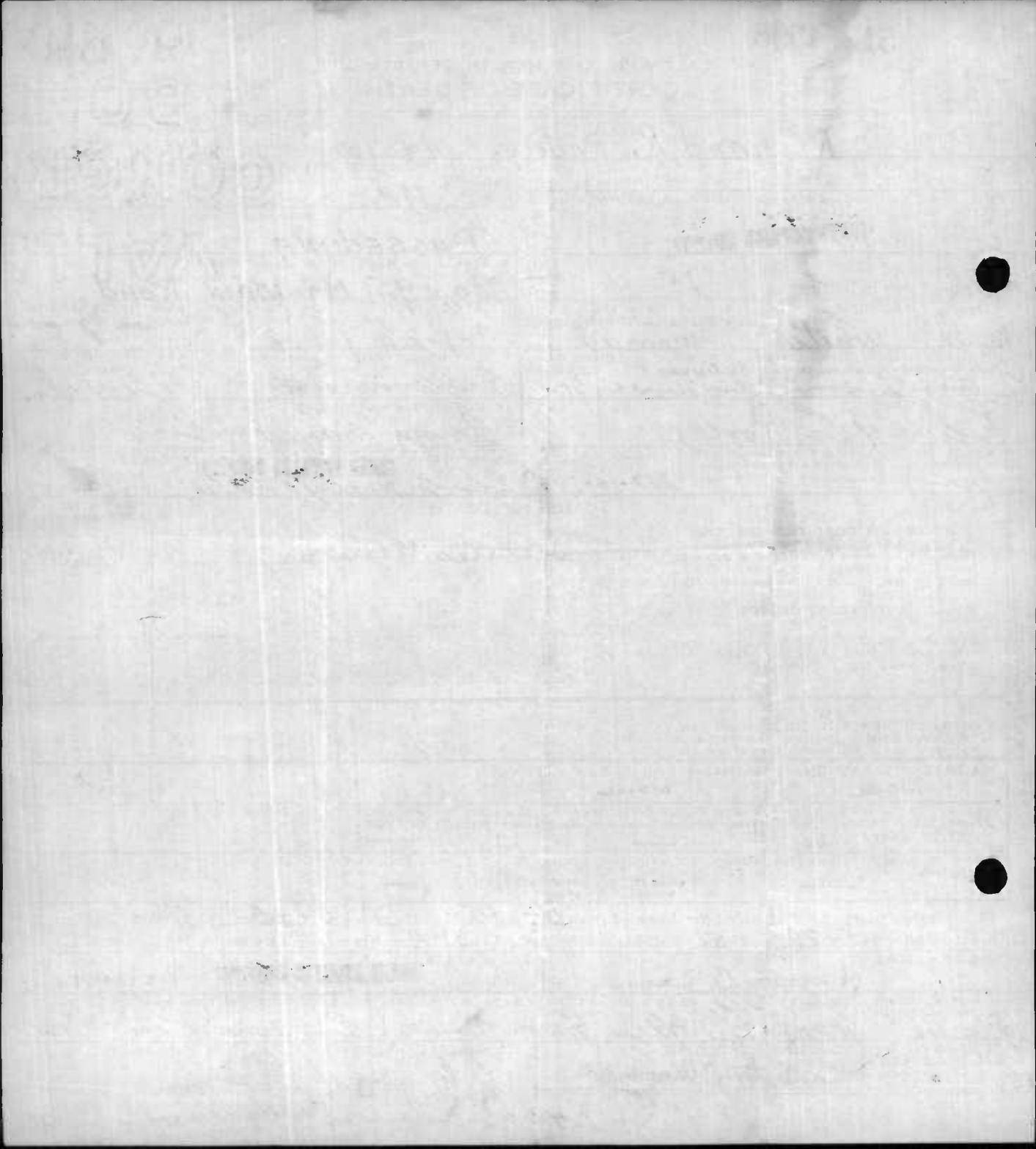
ADDRESS

61

VS 150

31591 & 4005 Charles St, Baltimore 30, Md.

MEDICAL CERTIFICATION



51 4599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4599

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY

HORNSBERGER

2. DATE
OF
DEATH

May 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

South Baltimore General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

24-04

township)

D. STREET ADDRESS (If rural, give location)

1523 Byrd Street

Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

November 15, 1885

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

PUBLIC SCHOOL

11. BIRTHPLACE (State or foreign country)

Harford County Md U.S.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Charles Hornberger

14. MOTHER'S MAIDEN NAME

Johanna Keyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Henry Hornberger Byrd St.

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic cardiovascular
disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

J. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

May 18, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

5/22/51

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county)

Brooklyn

(State)

25. FUNERAL DIRECTOR

ADDRESS

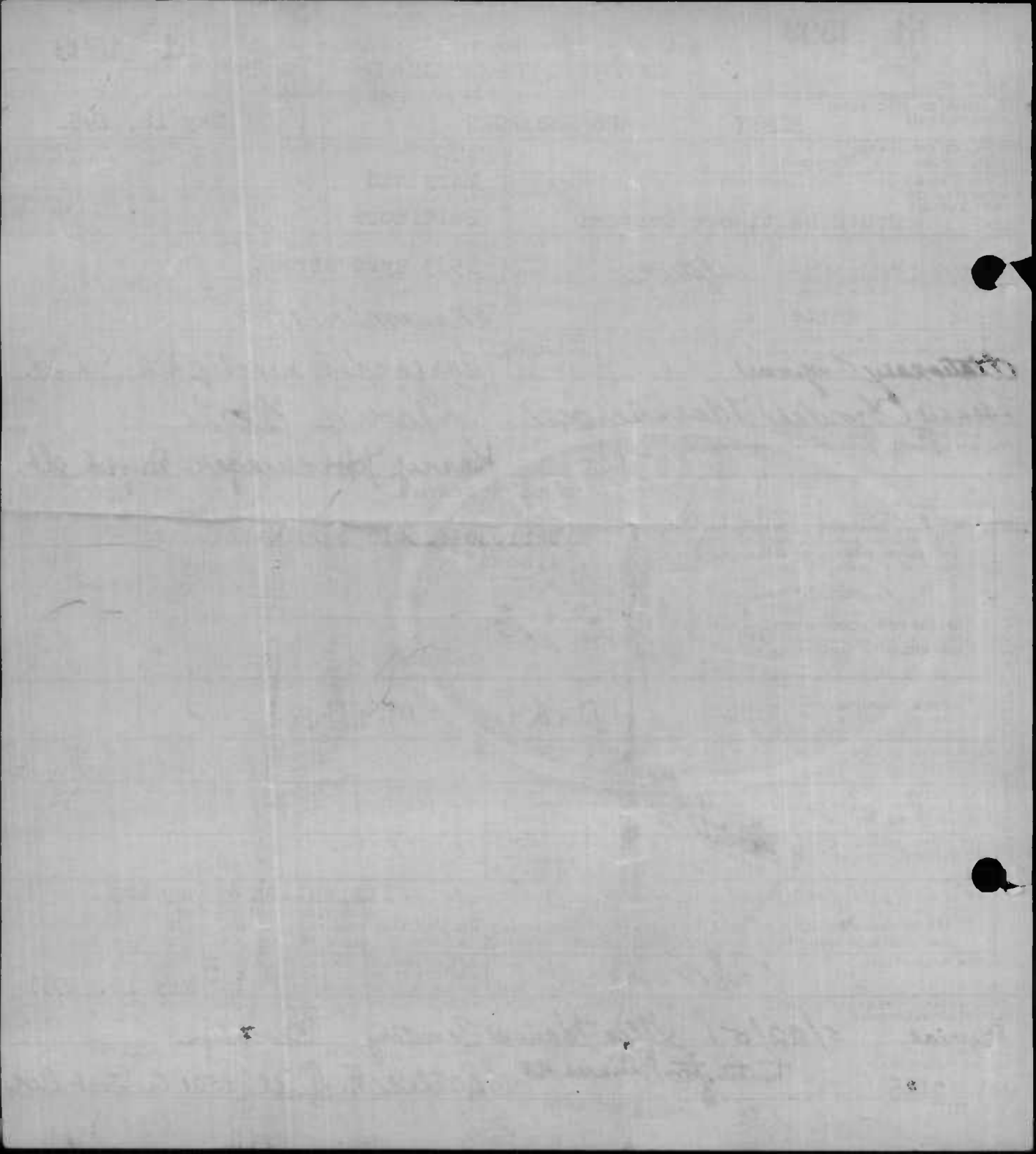
Charles F. Pile 1501 E. Fort Ave

MAY 22 1951

5838V

61 ✓

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 4600

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sgt. Williams</i>		2. DATE OF DEATH <i>May 20, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR LOCATION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>513 Holden Rd. 27-48</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12/5/1916</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inspector</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Black & Decker</i>	9. AGE (In years last birthday) <i>34</i>
11. BIRTHPLACE (State or foreign country) <i>Va.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Rev. L. Judson Westfall</i>		14. MOTHER'S MAIDEN NAME <i>May Belle Lewis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Robert H. Williams Jr.</i>		ADDRESS <i>421 E. 39th St</i>	

CAUSE OF DEATH

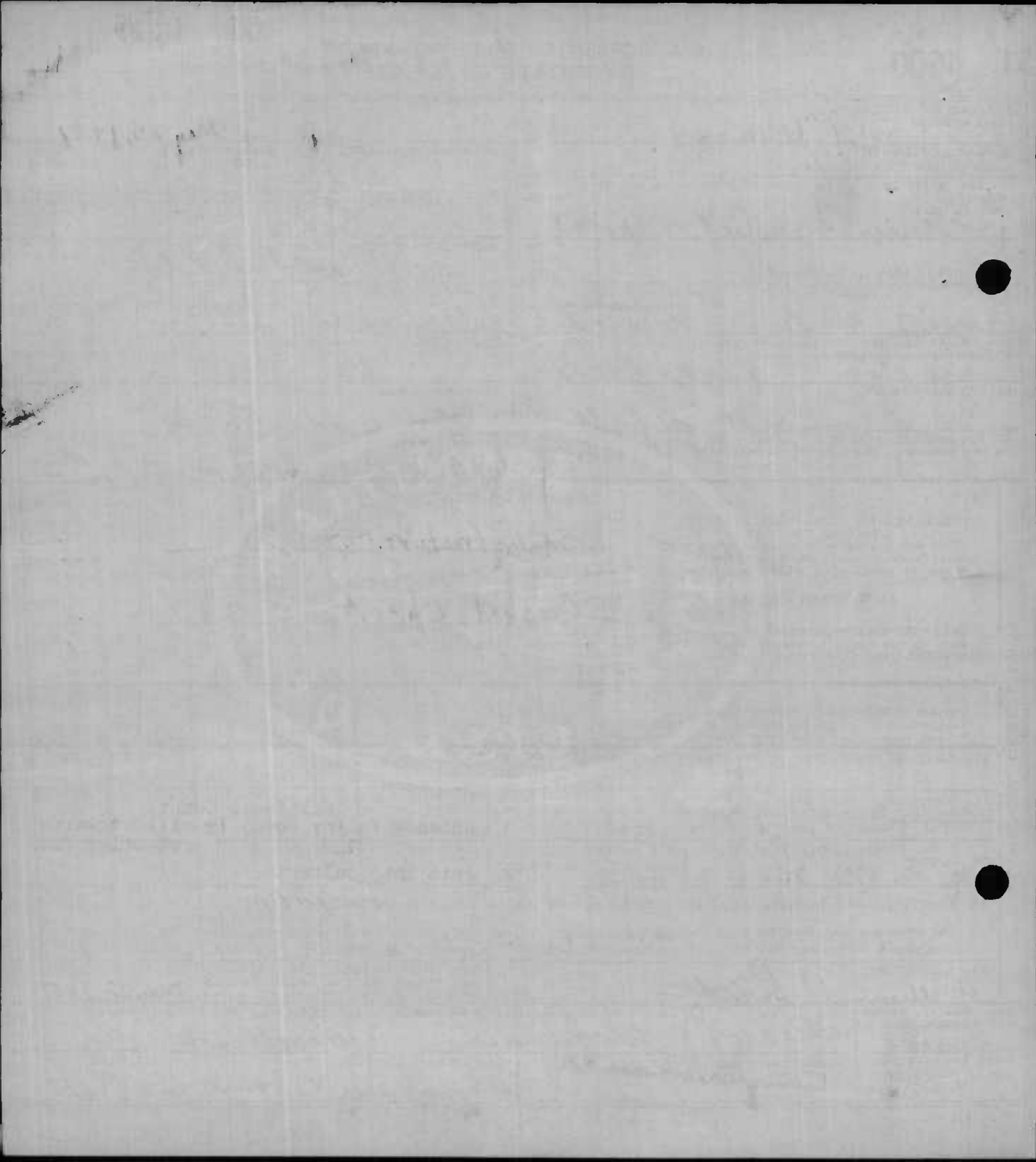
18. <i>E 819.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) <i>Skull fracture</i> DUE TO (B) <i>Crushed Chest</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Road</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Baltimore County 5300 Dulaney Valley Road, 1 1/2 miles towards Potterspring Road</i>
21D. TIME (Month) (Day) (Year) (Hour) <i>May 20, 1951 3:22 A. m.</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Auto into culvert</i>

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Smith</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <i>May 20 1951</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/23/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>
24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>	25. FUNERAL DIRECTOR <i>Wm. G. G. G. G.</i>	ADDRESS <i>1217 St. Paul St.</i>

MEDICAL CERTIFICATION



51 4601

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4601

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

VETLIE JAKES

2. DATE
OF
DEATH

5-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

822 N. CARROLLTON ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

822 N. Carrollton Ave.

16-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female

Colored

Single

Nov. 21, 1846

104

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: Aged Home 822 N. Carrollton

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from JAN, 1949, to MAY, 1951, that I last saw the
deceased alive on MAY 18, 1951, and that death occurred at 1:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris M. D.

23B. ADDRESS

1824 W. Franklin St.

23C. DATE SIGNED

5-20-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5-23-51

Arbutus Mem. Park

Baltimore Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 22 1951

W. Biddle St.

W. Biddle St.

RECEIVED
JAN 10 1964

1

RECEIVED
JAN 10 1964

RECEIVED

1

51 4602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4602

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY C. MC CAFFERTY

2. DATE
OF
DEATH

May 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 800 N. Montford Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

800 N. Montford Ave. 7-03

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

March 21, 1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Furniture Finisher

10B. KIND OF BUSINESS OR
INDUSTRY

Musch Upholstering

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Harry C. McCafferty

14. MOTHER'S MAIDEN NAME

Mary Stevens

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-10-0071

17. INFORMANT

ADDRESS

Jeanette Krecher, 2233 Henneman Ave. Balto

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1944, to 18 May, 1951, that I last saw the
deceased alive on 5/14, 1951, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 23, 1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

North Ave. & Rowe St. Balto. Md.

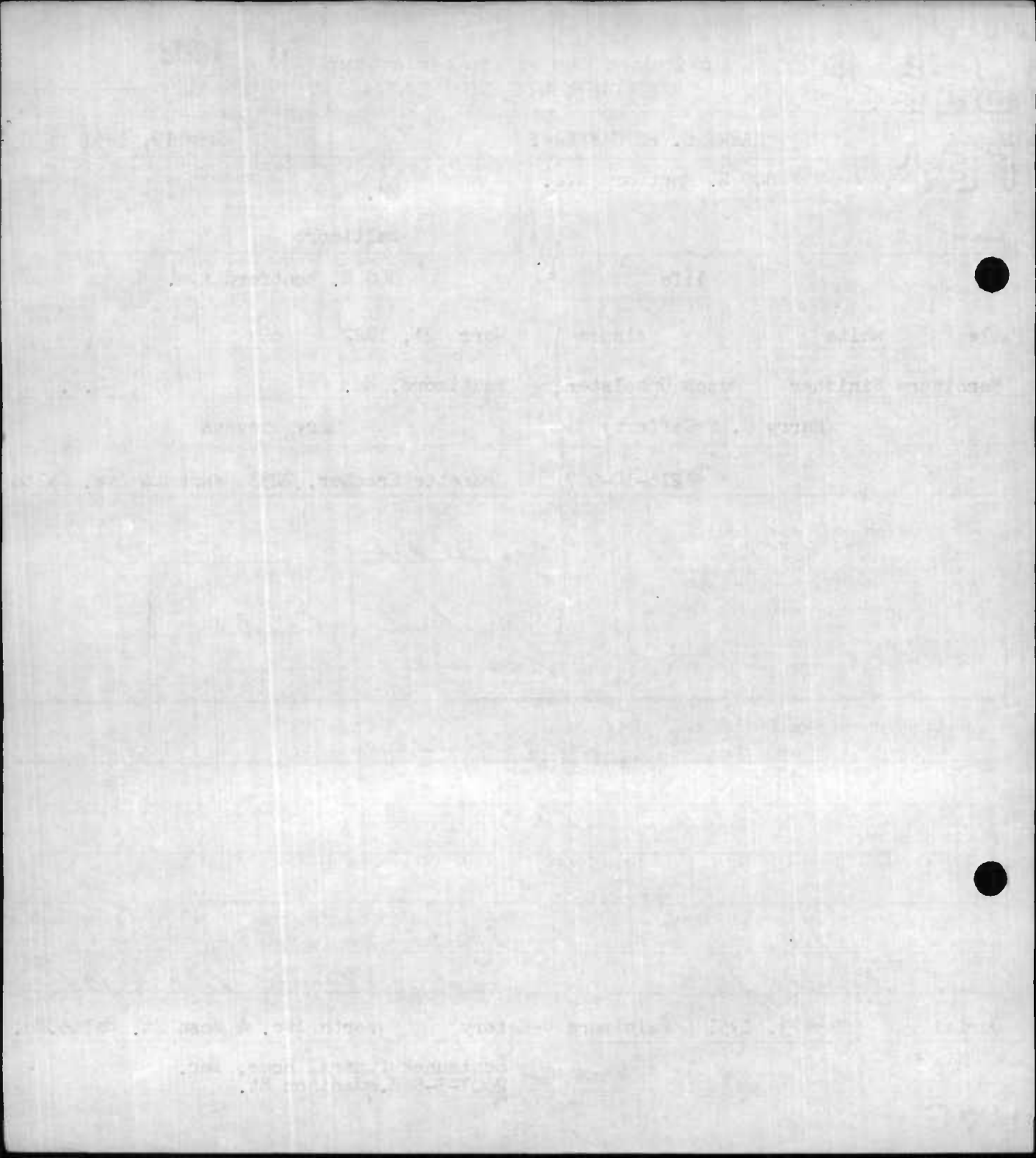
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601 E-3-5 E. Madison St.



51 4603

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

RAYMOND L. BROWN

2. DATE
OF
DEATH

5-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2811 Ashland Avenue

7-01

C. Length of stay in Baltimore

30 years

5. SEX

6. COLOR OR RACE

7. SINGLE ☒ MARRIED ☒
WIDOWED ☐ DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

Oct. 13, 1890

9. AGE (In years last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Locomotive Inspector

10B. KIND OF BUSINESS OR INDUSTRY

Caton R. R. Co.

11. BIRTHPLACE (State or foreign country)

Roanoke, Virginia

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Harden Brown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-03-2696

17. INFORMANT

ADDRESS

Margaret Brown, wife, above

18. 181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CARCINOMATOSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CARCINOMA OF BLADDER

1 YEAR

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

APRIL 3, 1951

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 17, 1951, to May 21, 1951, that I last saw the deceased alive on MAY 21, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5-21-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

7000 R

7-11-1947

California

San Francisco

May 11, 1947

San Francisco, California

My dear Sir:

Enclosed for you are two copies of a report on the

subject of the above caption.

Very truly yours,

W. L. R. R. R.

W. L. R. R. R.

W. L. R. R. R.

W. L. R. R. R.

W. L. R. R. R.

F. 346
51 4604BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4604

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ALBERT BISHOP FIEDLER

2. DATE
OF
DEATH

5-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

37 S. CULVER ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APRIL 27, 1901

9. AGE (In years,
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STATIONARY ENG.

10B. KIND OF BUSINESS OR
INDUSTRY

NAT'L. GYPSUM CO.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ALBERT FIEDLER

(M)

14. MOTHER'S MAIDEN NAME

IDA DUM BROOKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS MADELINE FIEDLER 37 S. CULVER ST.

18. 163X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Hypertension - Atherosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

Four

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

20. AUTOPSY?

YES ☐ NO ☒22. I hereby certify that I attended the deceased from April 3, 1951, to May 20, 1951, that I last saw the
deceased alive on May 19, 1951, and that death occurred at 5:25 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. McCallister

M. D.

23B. ADDRESS

3321 Frederick Ave

23C. DATE SIGNED

5/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-23-51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Balt.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter G. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Taylor & Sons, 200 Fayette St.

Greenwood at large

the children - the same

the children - the same

the children - the same

the children - the same

51 4605

JERNIGAN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4605
Registered No.

BIRTH NO. 1-652

1. NAME OF DECEASED
(Type or Print)

Jernigan, Spurgon Patrick

2. DATE
OF
DEATH

5/20/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1619 Druid Hill Ave N.O.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/30/1882

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Winton N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter West.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 625 N.

Robert L Jernigan 55 St. Philadelphia Pa.

18. 4200

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

5-11-51

DUE TO

Hypertensive Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Congestive Heart Failure

5-20-51

DUE TO

Hypertensive Heart Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-11-1951 to 5-20-1951 that I last saw the
deceased alive on 5/20, 1951, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. Nicolas

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

5/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

5/23/1951

Winton N.C.

Winton N.C.

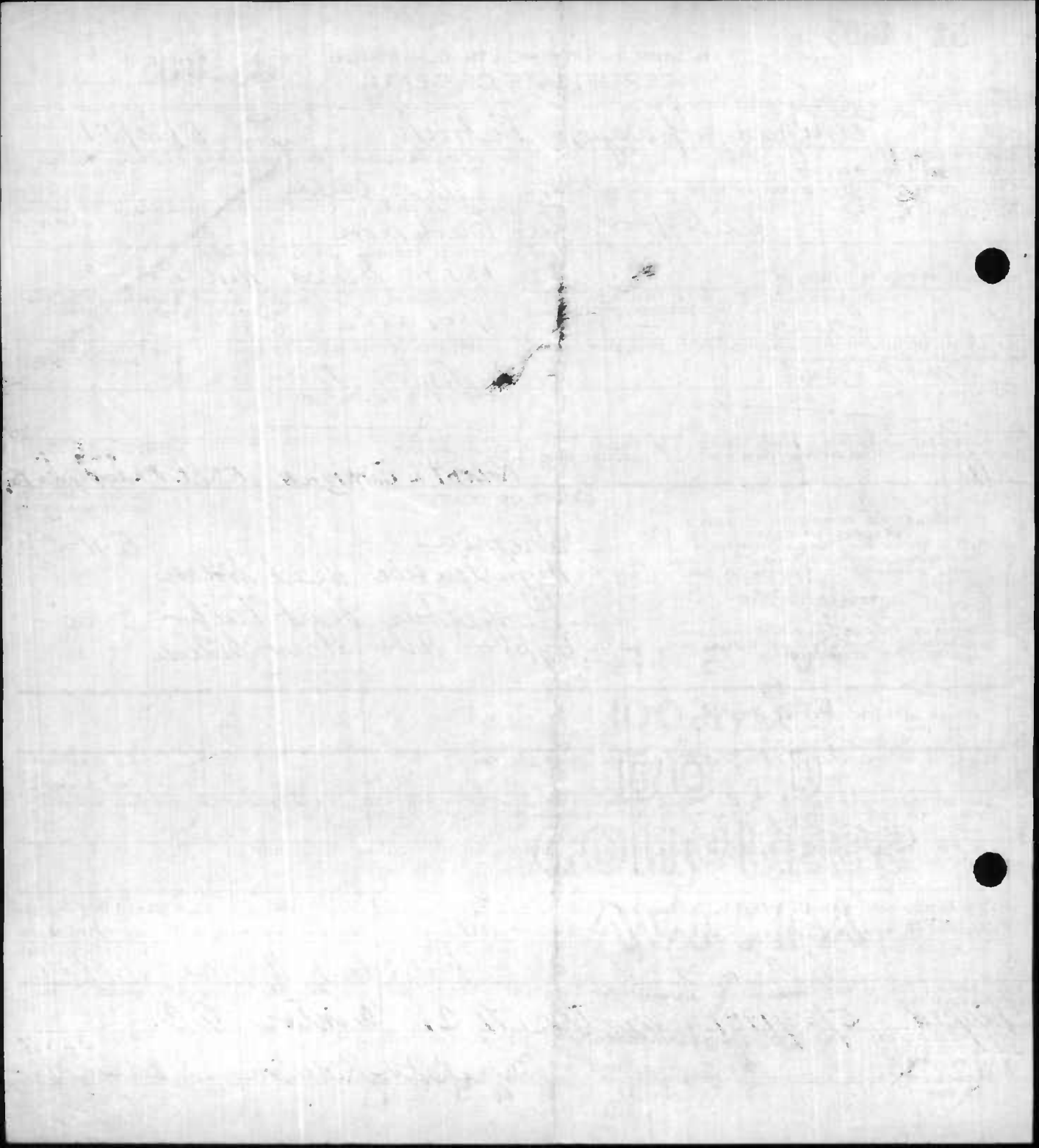
MAY 22 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 322 N

Mrs. Kate R. Williams, Schuylkill



51 4606

51 4606

ND-148611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 148611

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charlotte Marie Weiner

2. DATE
OF
DEATH

May 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1810 N. Montford Ave. (13)

8-02

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

White

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Nov. 19, 1901

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Dare

14. MOTHER'S MAIDEN NAME

Susan ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 447X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Over 1 Wk.

II ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular Renal
Disease

DUE TO

Over 10 Yrs

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18, 19 51 to 5-19, 19 51, that I last saw the deceased alive on 5-19, 19 51 and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

5-19-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

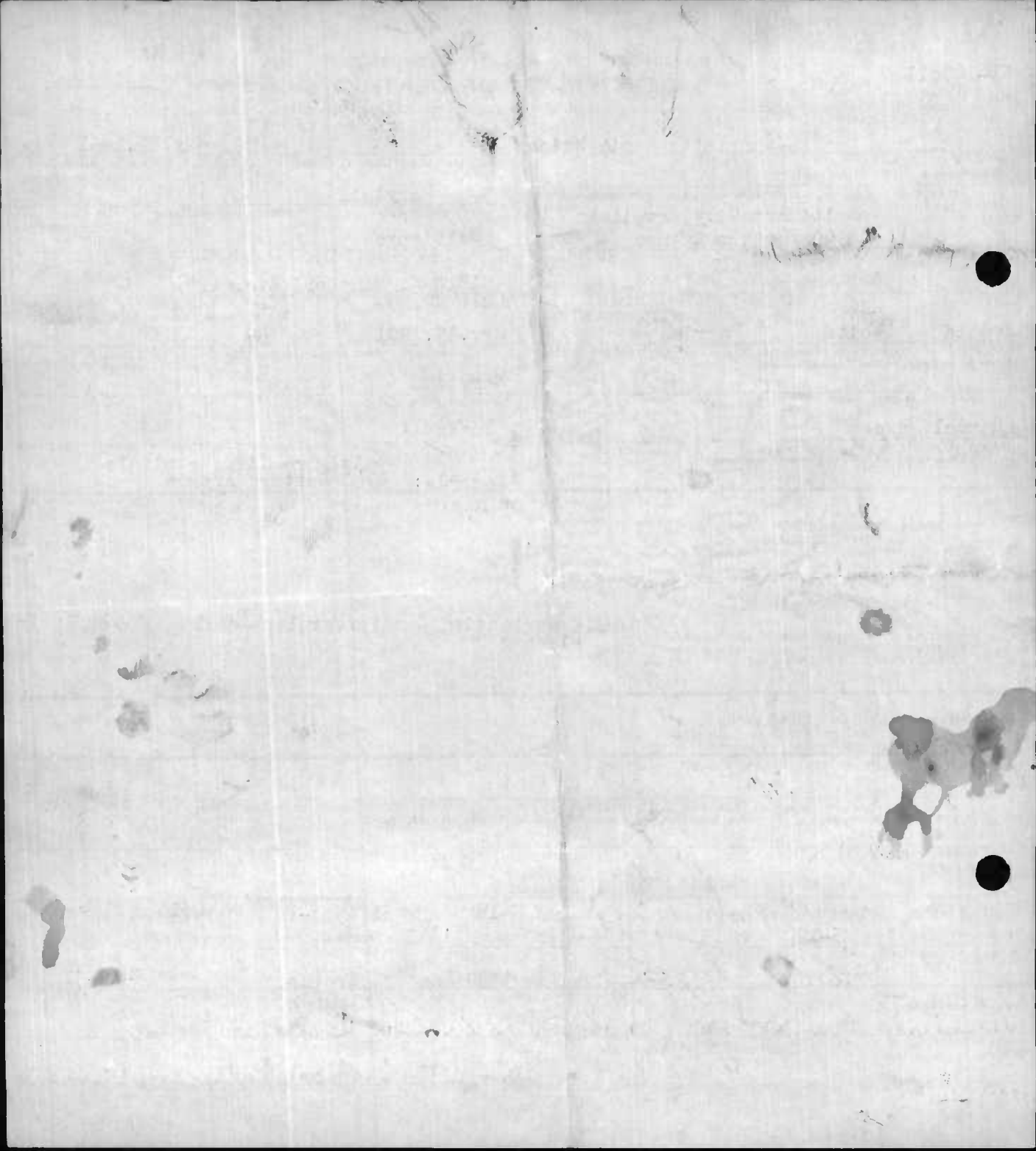
MAY 23 1951

5-19-51

Shirley E. Cook 1201-032 Patterson Park Ave

131a

MEDICAL CERTIFICATION



51-11208

51 4607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4607 0-354

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BABY GIRL O'DONNELL

2. DATE
OF
DEATHMay 22nd 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 22nd 19519. AGE (in years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William J. O'Donnell

14. MOTHER'S MAIDEN NAME

Nancy Teresa Daniels

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Premature Separation of Placenta

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1951, to 5-22, 1951, that I last saw the
deceased alive on 12:51 PM 5-22, 1951, and that death occurred at 1:22 PM, from the causes and on the date stated above.

23A. SIGNATURE

Louis D. Rocca

M. D.

23B. ADDRESS

Woman's Hospital

23C. DATE SIGNED

5-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

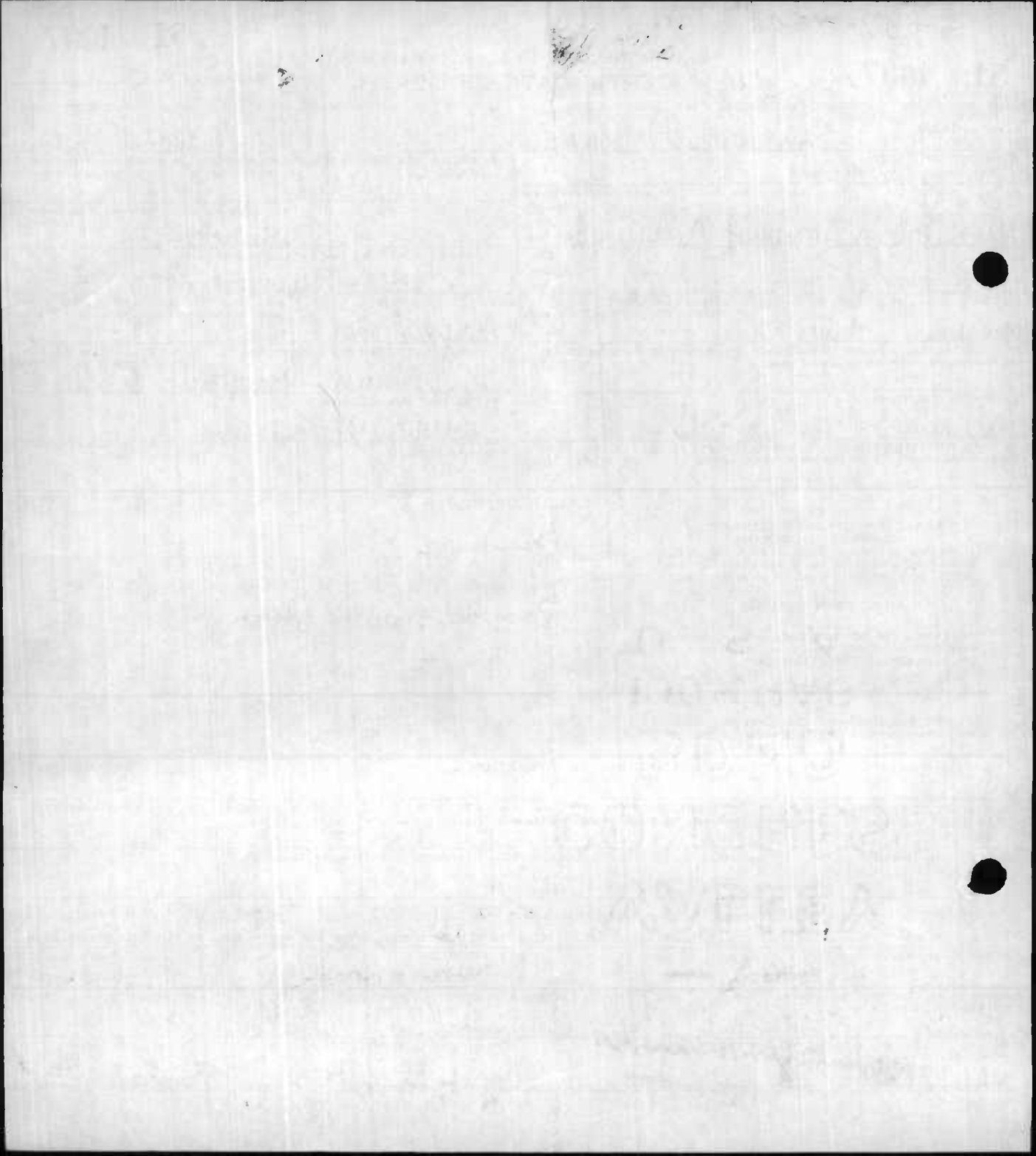
MAY 22 1951

John A. Moran 3000 E. Baltimore St

VS 150

160c

MEDICAL CERTIFICATION



Se approved by chief medical Examiner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 4608

51 4608

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amy J. Jones (AMY JEANETTE JONES)

2. DATE
OF
DEATH

5-20-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Church Home & Hospital
Broadway & Fairmont

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 14

D. STREET ADDRESS (If rural, give location)

7526 Harford Road 2707

Length of stay in Baltimore

life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Robert Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.
none

14. MOTHER'S MAIDEN NAME

Elizabeth Wingate

17. INFORMANT 7526 Harford Road ADDRESS 14
Mrs. Reita K. Bramble

CAUSE OF DEATH

18. E902.01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Broncho Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Fracture left femur

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

William D. D.

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN ONSET AND DEATH

5

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

5-14-57

19B. MAJOR FINDINGS OF OPERATION

Fracture left femur

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

7526 Harford Road 27/7

21D. TIME (Month) (Day) (Year) (Hour) INJURY

5 13 51 57 p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fall from Bed

22. I hereby certify that I attended the deceased from 5-13-57, 19__, to 5-20-57, 19__, that I last saw the deceased alive on 5-20, 1957, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rich Moore

23B. ADDRESS

M.D. Church Home & Hospital

23C. DATE SIGNED

5-20-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/23/57

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO, MD.

VS 150

N-821.0

186a

CERTIFICATE OF DEATH

12

13



51 4609

BALTIMORE CITY HEALTH DEPARTMENT

B-600 CERTIFICATE OF DEATH

51 4609
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY BAER

2. DATE
OF

DEATH May 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION

1502 N. Collington Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1502 N. Collington Avenue

f. 04

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 13, 1878

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Christian Baer

14. MOTHER'S MAIDEN NAME

Katherine Wolfe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

none

17. INFORMANT 1502 N. Collington Avenue
Mr. Wm. J. Baer

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

5 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute myocardial Infarction 6 days
(C) Generalised arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15 1951 to 5-21-1951, that I last saw the deceased alive on 5-20-1951, and that death occurred at 3:55 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. T. Rang

M. D.

23B. ADDRESS

2117 Belair Rd

23C. DATE SIGNED

5-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/23/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., MD.

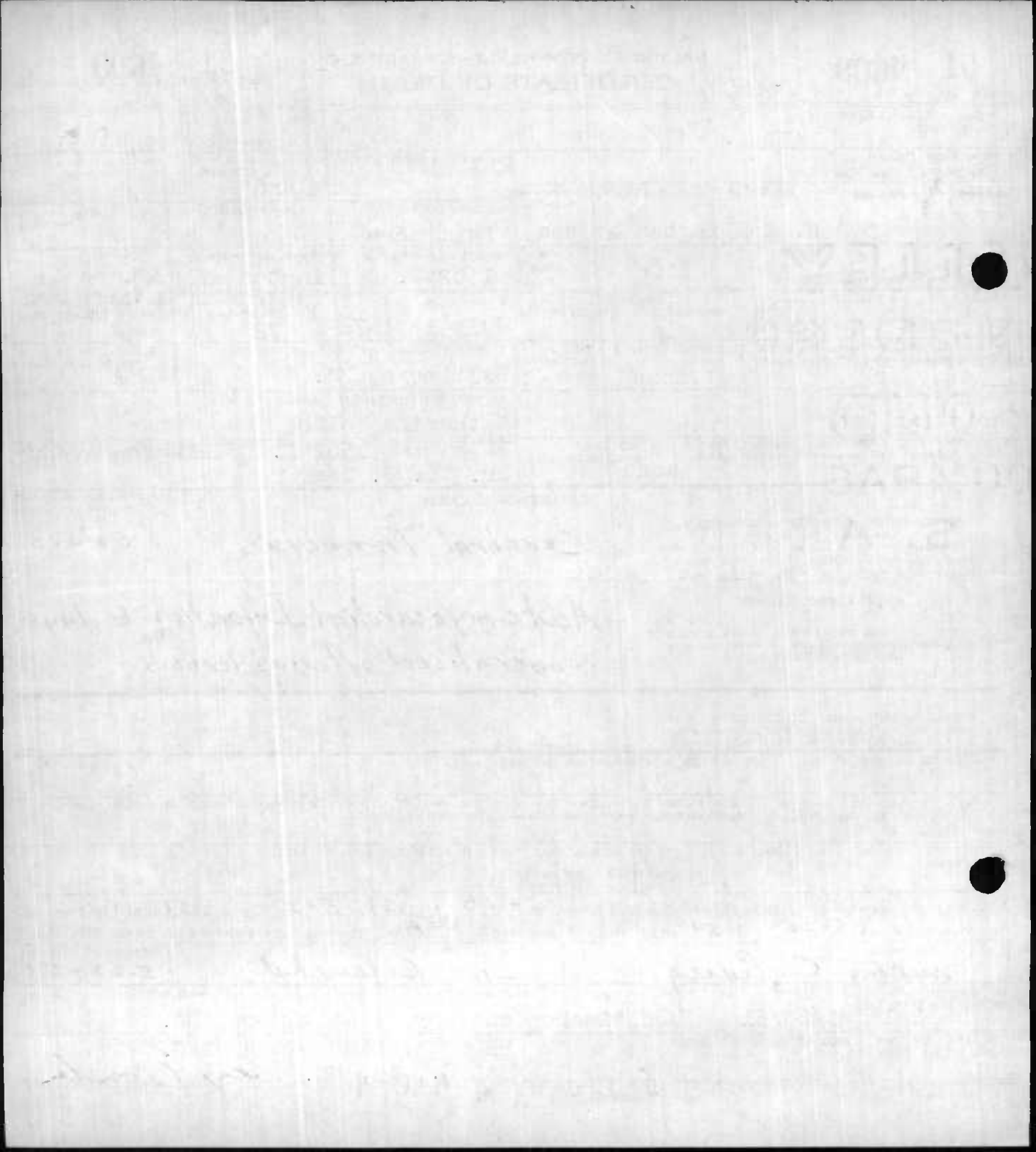
Sey J. Sander

VS 1502195

4609

94a

MEDICAL CERTIFICATION



51 4610

634 CERTIFICATE OF DEATH

Registered No. 51 4610

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ertel, John N. Sr.

2. DATE
OF
DEATH May 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's Hosp.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2131 Harford Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 21, 1898

9. AGE (In years
last birthday)

53

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Railway Express

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John A. Ertel

14. MOTHER'S MAIDEN NAME

Julia Schroff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-07-5457

17. INFORMANT 2131 Harford Road ADDRESS 18

Mrs. Thelma B. Ertel

18. 443x I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular disease

DUE TO

(C)

NOT A MEDICAL EXAMINER'S CASE

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.William V. Sander, M.D.
Jr. 1637, MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1951, to May 21, 1951 that I last saw the
deceased alive on May 21, 1951 and that death occurred at 8:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thaddeus Swinski

M. D.

23B. ADDRESS

St. Joseph's Hosp.

23C. DATE SIGNED

5/21/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/24/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

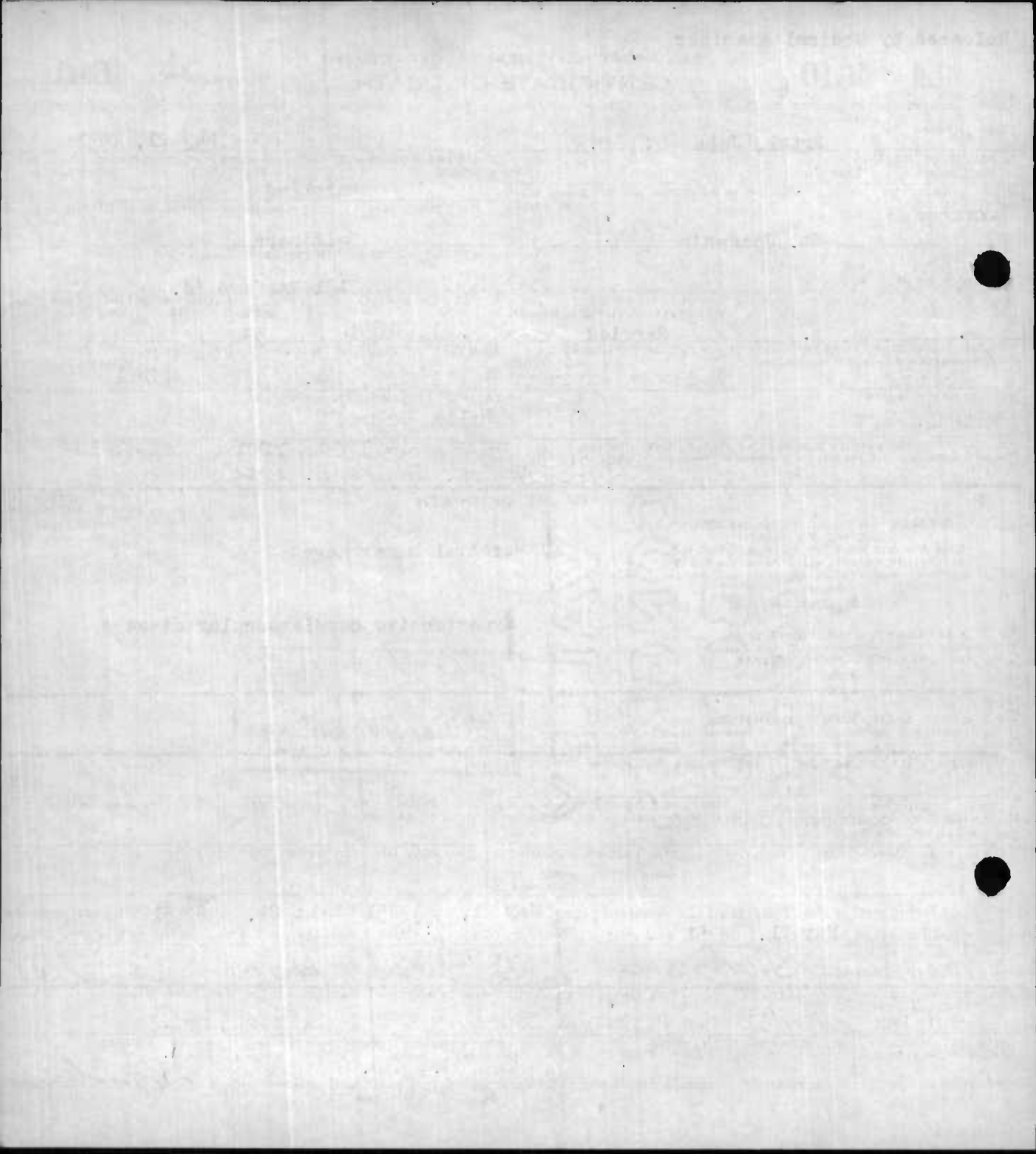
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

125. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., MD.

ADDRESS



51 4611
11-543BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 51 4611
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)M.
FLORENCE HAMILTON2. DATE
OF
DEATH

5-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
Luthern Hospital

Length of stay in Baltimore

5

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

DANIEL L. McGinley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE Co.

5300

D. STREET ADDRESS (If rural, give location)

Apt. D-6, Beech Drive Stansbury Manor

8. DATE OF BIRTH

July 19, 1880

9. AGE (In years
last birthday)

70

11. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Phila. Pa.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Martha Holden

17. INFORMANT

ADDRESS

18. 198.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Congestion, bilat

96 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Retroperitoneal Malignant Tumor

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Paget's Disease

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1951, to 5-22, 1951, that I last saw the
deceased alive on 5-21, 1951, and that death occurred at 6²⁰ A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 25, 1951

Westminster

BALA-Cynwid-Montgomery Co. PA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 2 - 1951

William H. Williams

John O. Mitchell 1900 Eutaw Place

VS 150

46H

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

11

51 4612
ND-148533
M-320BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4612
Registered No.

1. NAME OF DECEASED (Type or Print) (Reseda) Rose Mattheiss (Matthews)		2. DATE OF DEATH May 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 218 S. East Ave. 26-10	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 12, 1864
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 87
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES Hypertensive arteriosclerotic cardiovascular Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 2 Wks. Over 1 Yr.
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-16 , 19 51 , to 5-19 , 19 51 that I last saw the deceased alive on 5-19 , 19 51 , and that death occurred at 3 P m., from the causes and on the date stated above.				
23A. SIGNATURE J. S. Hogan M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-19-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/23/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) North Ava.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1951		REGISTRAR'S SIGNATURE James L. McCully		25. FUNERAL DIRECTOR James L. McCully ADDRESS 130 E. Fort Ave.

937

10 May

RECEIVED
MAY 10 1964

51 4613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4613

Registered No.

BIRTH NO. *G-516*1. NAME OF DECEASED
(Type or Print)*Myrtle Hazard Gambell*2. DATE
OF DEATH*May 19 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1102 E 36th St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1102 East 36th St 903

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

at home

8. DATE OF BIRTH

Jan 6 1892

9. AGE (In years last birthday)

59

If Under 1 Year Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Holthaus

14. MOTHER'S MAIDEN NAME

Lillian Otto

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

yes Coast Guard 11

17. INFORMANT

ADDRESS

*Harry W Gambell 1102 E 36th St*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

19 months

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec 18, 1949* to *May 18, 1951*, that I last saw the deceased alive on *May 17 1951*, and that death occurred at *7 P M*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. A. E. Hearn

M. D.

*2907 Harrison St**5/22/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Buried**May 22/51**Balto Cem**Balto Md*

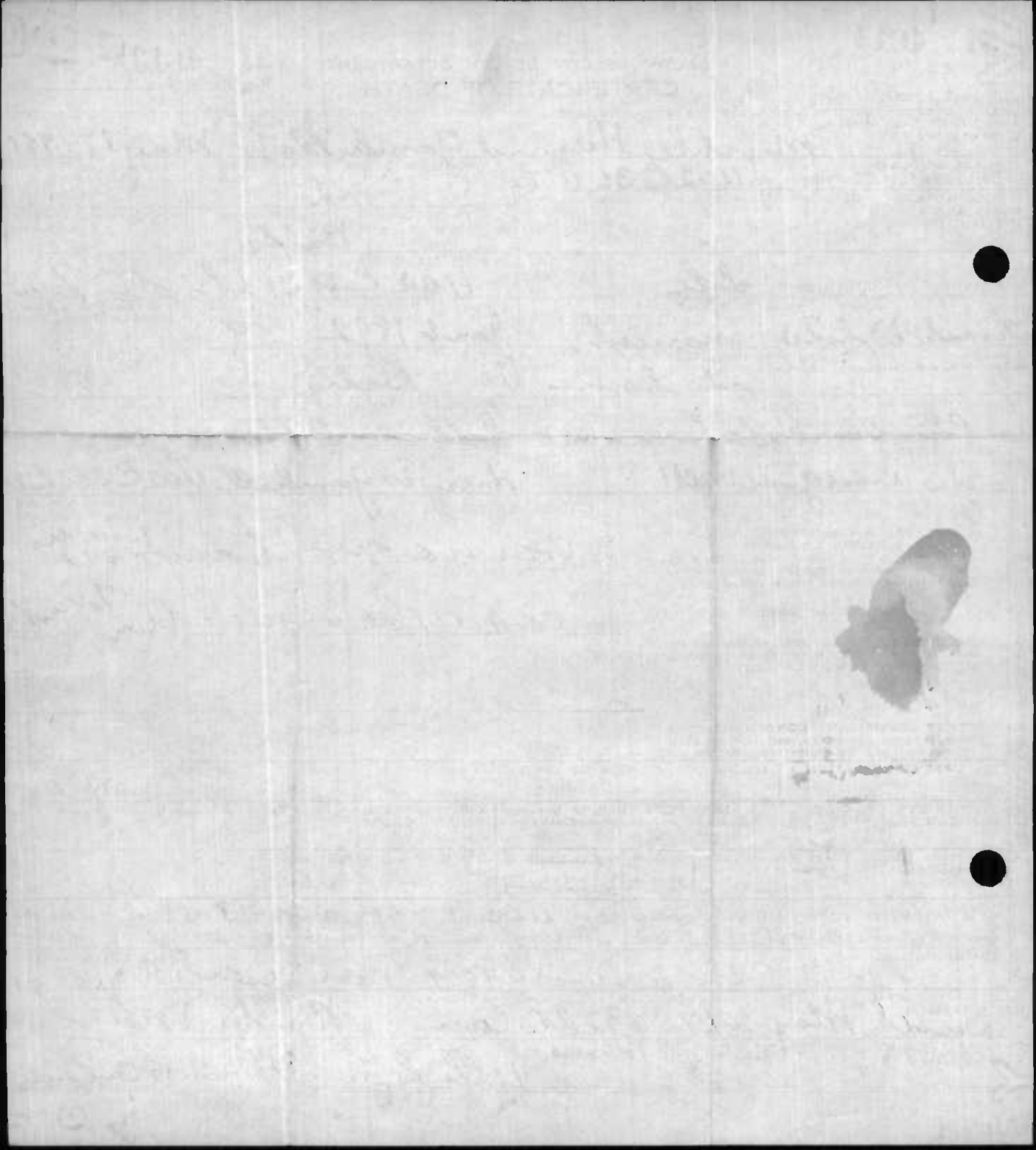
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 23 1951**Wm. J. Williams, Jr.**Wm. J. Williams, Jr.**2000 Calver*



51 4614

BALTIMORE CITY HEALTH DEPARTMENT

51 4614

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-41059

1. NAME OF DECEASED (Type or Print) *Stephen James Johnson*

2. DATE OF DEATH *May 22, 1957*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION *Mercy Hospital*

6. CITY OR TOWN *Baltimore* (If outside corporate limits, write RURAL and give township)

7. STREET ADDRESS (If rural, give location) *4300 Sedel Ave*

8. Length of stay in Baltimore *Life* Yrs. Mos. Days

9. SEX *M*

10. COLOR OR RACE *W.*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Infant*

12. DATE OF BIRTH *May 18, 57*

13. AGE (In years last birthday) *4* If Under 1 Year Days If Under 24 Hours Hours Min.

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Infant*

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country) *Balto Md.*

17. CITIZEN OF WHAT COUNTRY? *USA*

18. FATHER'S NAME *James W. Johnson*

19. MOTHER'S MAIDEN NAME *Mildred R. Lynch*

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

21. SOCIAL SECURITY NO.

22. INFORMANT *Father* ADDRESS *above*

18. *754.2* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Intercranial damage and or Neoplasm.*

DUE TO

(B) *Cephalo-pelvic disproportion*

DUE TO

(C) *Intercerebral Neoplasm.*

INTERVENTRICULAR SEPTAL DEFECT (over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *Probably Congenital Heart Dis.*

19A. DATE OF OPERATION *May 21, 1957*

19B. MAJOR FINDINGS OF OPERATION *Ventriculograms.*

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 22, 1957* to *May 22, 1957*, that I last saw the deceased alive on *May 22, 1957* and that death occurred at *7:45* A.M., from the causes and on the date stated above.

23A. SIGNATURE *Frank G. Lauk* M. D.

23B. ADDRESS *Mercy Hosp*

23C. DATE SIGNED *May 22*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *May 23, 57*

24C. NAME OF CEMETERY OR CREMATORY *Holy Redeemer*

24D. LOCATION (City, town, or county) (State) *Balto Md*

DATE RECEIVED BY LOCAL REGISTRAR *MAY 23 1957*

REGISTRAR'S SIGNATURE *Wilmington Williams*

25. FUNERAL DIRECTOR *Stef Neumann* ADDRESS *6067 Hwy Rd.*

8/15/51

ES

When autopsy findings
are available—may we
be advised whether we
have been correct in
assigning the underlying
cause of death to the
intercerebral neoplasm, please?

also, if findings prove
neoplasm, may we have
the histological type, please?

51 4615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4615

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara Vaughan

2. DATE
OF
DEATH

May 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

JOHNS HOPKINS HOSPITAL

D. STREET ADDRESS (If rural, give location)

142 W. Mosher St.

C. Length of stay in Baltimore

32 yrs

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. - 785.21

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Undiagnosed Disease with cholemia and
cachexia.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1951, to 5-21, 1951, that I last saw the
deceased alive on 5-21, 1951, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jeremiah A. Baroudes, M. D.

JOHNS HOPKINS HOSPITAL

May 22, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1951

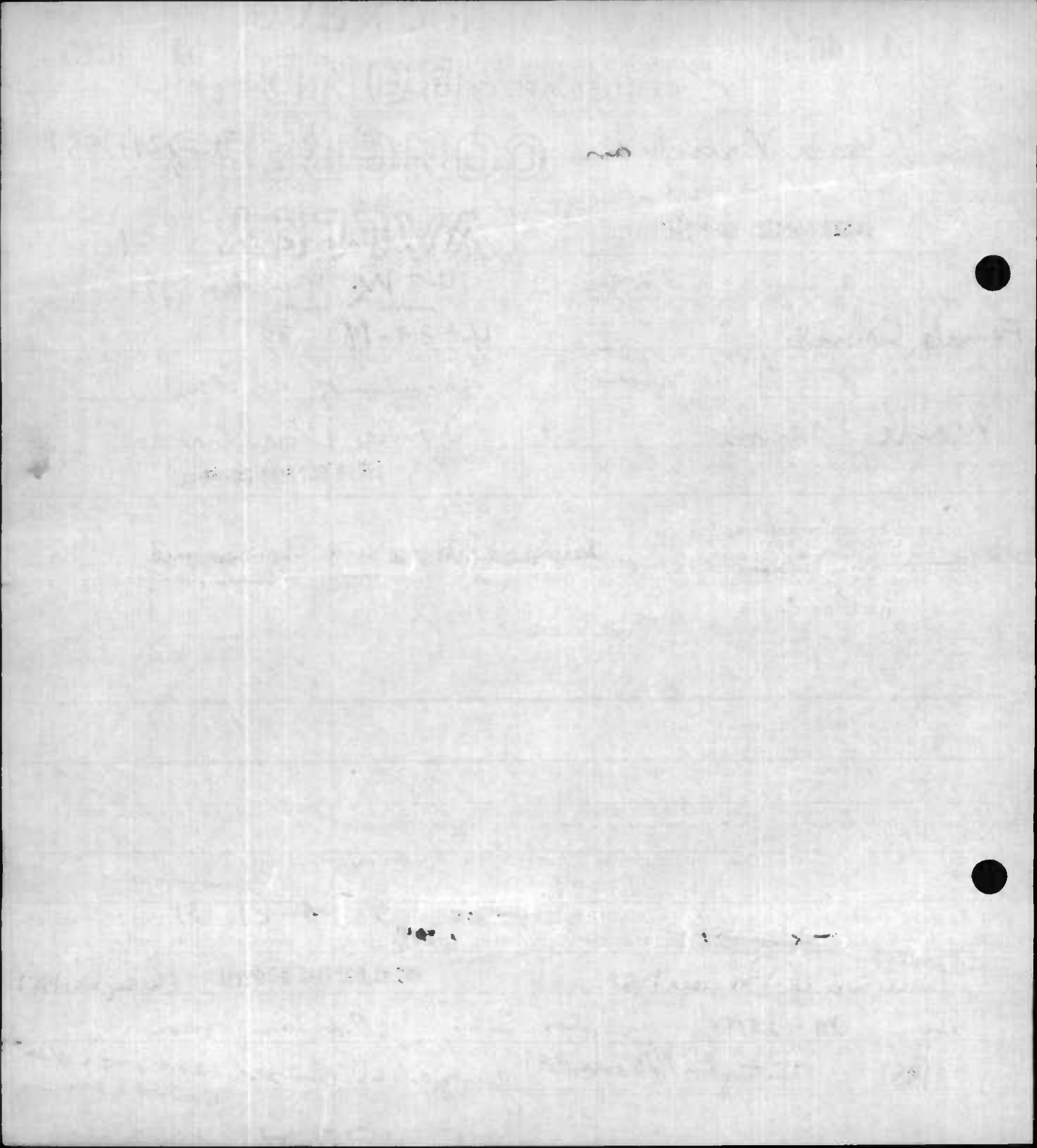
Huntington Williams, Jr.

Joseph 640 Russ 1200 Mc Callister
Baltimore Md

VS 150

12513

MEDICAL CERTIFICATION



51 4616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4616
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Portia D. Phillips</i>		2. DATE OF DEATH <i>May 22 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i> <i>Calvert & 33rd St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>12-03</i>	
D. STREET ADDRESS (If rural, give location) <i>335 Ilchester Ave.</i>		5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
6. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar. 4, 1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (in years last birthday) <i>56</i>
11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John G. Donaldson</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Baughman</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Mr. Roland V. Phillips - 335 Ilchester Ave.</i>		ADDRESS	

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Hypertensive Cardiovascular*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 22 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**5/25/51**Woodlawn Cem.**Woodlawn, Md.*

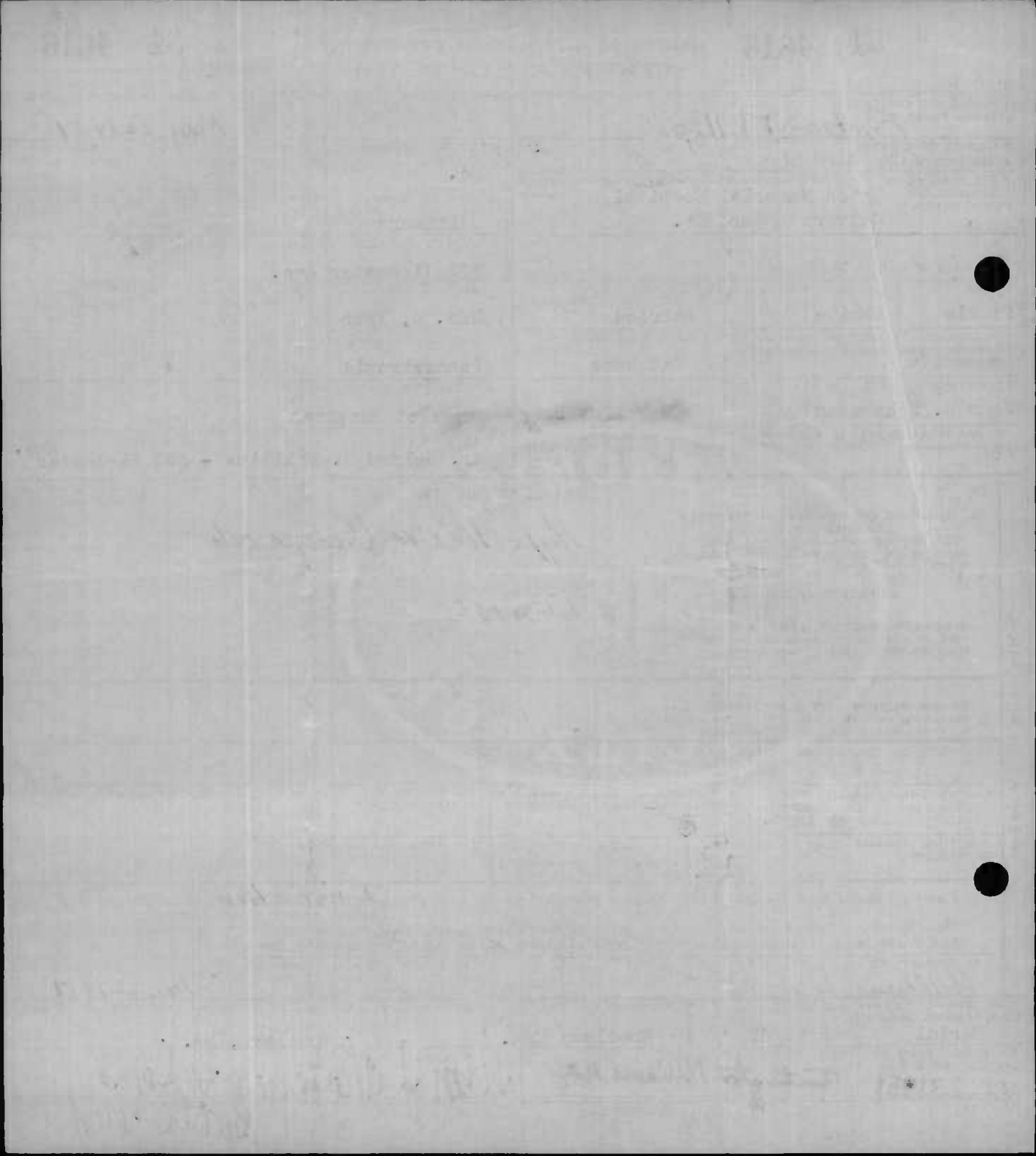
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

(ADDRESS)

*MAY 23 1951**William V. Wood**John J. Sweeney & Sons**935 Rutledge Rd.*



51 4617

51 4617

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELIZABETH MINNICK

2. DATE
OF
DEATH

May 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Methodist Home for the Aged

2211 W. Rogers Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

female

white

single

Apr. 8, 1866

85

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

school teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Public Schools

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Francis Mirian Minnick

14. MOTHER'S MAIDEN NAME

Annie Maben

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mamie B. Fisher - 2211 W. Rogers Ave

18. 4221 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) myocardial insufficiency
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio sclerosis
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH2 days
20 yrsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from April 15, 1951, to May 21, 1951, that I last saw the
deceased alive on May 21, 1951, and that death occurred at 11:50 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/24/51

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

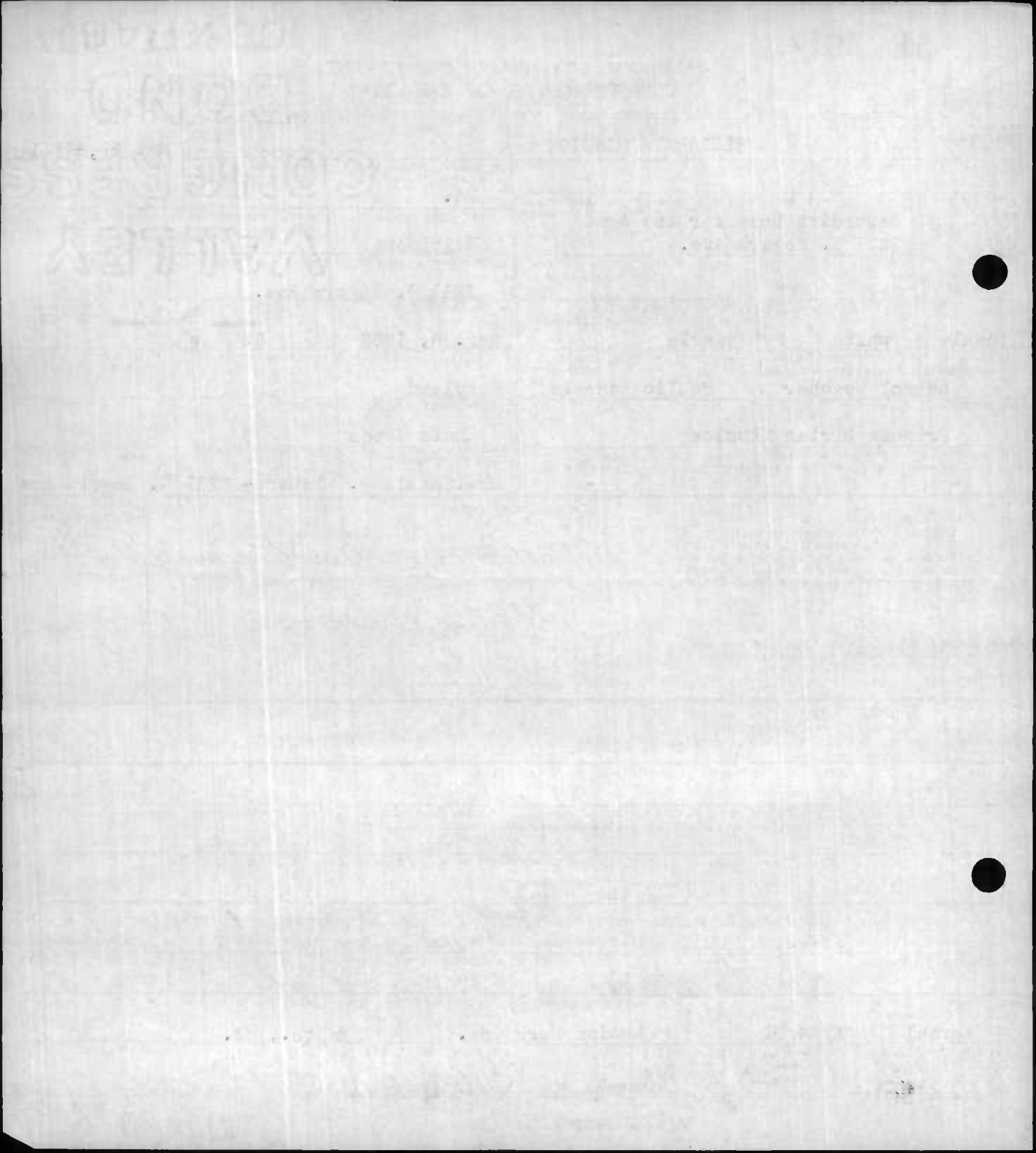
ADDRESS

MAY 23 1951

VS 150

Wm. J. Lisker & Sons
935 Balto Md.

MEDICAL CERTIFICATION



623 51 4618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4618
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES CREIGHTON		2. DATE OF DEATH May 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 26-05	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 6006 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 6006 Eastern Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 10, 1889
9. AGE (In years last birthday) 61		10. CITIZEN OF WHAT COUNTRY? England	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Shipbuilding	
11. BIRTHPLACE (State or foreign country) Lancaster, England		12. CITIZEN OF WHAT COUNTRY? England	
13. FATHER'S NAME John Creighton		14. MOTHER'S MAIDEN NAME --	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) --		16. SOCIAL SECURITY NO. --	
17. INFORMANT Mrs. Jennie Creighton - 6006 Eastern Ave.		ADDRESS 6006 Eastern Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery Disease DUE TO (A) (B) Myocarditis DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
24. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 29, 1951 , to May 21, 1951 , that I last saw the deceased alive on May 4, 1951 , and that death occurred at 12:00 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Edward A. Hanzon Jr.		23B. ADDRESS 3501 Fair Ave	
23C. DATE SIGNED 5-22-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/24/51	
24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1951		REGISTERAR'S SIGNATURE William H. Williams, M.D.	
FUNERAL DIRECTOR 5103A		ADDRESS 93 E Balto, Md.	

MEDICAL CERTIFICATION

1000 HAVES

1000 HAVES

1000 HAVES

1000 HAVES

1000 HAVES

51 4619

51 4619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BABY GIRL MATUSKY

2. DATE
OF
DEATH

5-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

U. Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Essex #21 (Baltimore)

D. STREET ADDRESS (If rural, give location)

607 Delaware Ave. (Essex) 530

C. Length of stay in Baltimore

2 1/2

Yes
Mos.
Days

5. SEX

GIRL

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-20-51

9. AGE (In years, If Under 1 Year, If Under 24 Hours
last birthday) Months Days Min.

2 1/2 days

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

matusky

14. MOTHER'S MAIDEN NAME

Emily?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

mother -

18. 760.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ? INTRACRANIAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) immaturity

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1951, to 5-22-1951, that I last saw the
deceased alive on 5-22, 1951, and that death occurred at 2:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dildra

23B. ADDRESS

M. D.

U. Hospitals

23C. DATE SIGNED

5-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1951

MAY 24 - 1951

Oak Lawn

Eastern Ave. Rd. Md.

John X. Connelly

Essex 21 -

THE THAMES VALLEY UNIVERSITY

STATION 10 - 10/10/1973



52
50 51 4620BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4620
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John J. Baranowski (Baron)		2. DATE OF DEATH May 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3417 O. Donnell Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24, 26-09	
6. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3417 O. Donnell Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10B. KIND OF BUSINESS OR INDUSTRY National Brewing Co.	9. AGE (in years last birthday) 55
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Baranowski		14. MOTHER'S MAIDEN NAME Katherine Laskowski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) WWI		16. SOCIAL SECURITY NO. 216-61-6998	
17. INFORMANT Mrs. Margaret Baranowski		ADDRESS 3417 O. Donnell St	

18. 163 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Left Lung DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 7 mo	(A) Carcinoma Left Lung
ANTÉCEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)	

19A. DATE OF OPERATION Dec 10 1950	19B. MAJOR FINDINGS OF OPERATION Carcinoma Left Lung	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1950**, to **May 22, 1951**, that I last saw the deceased alive on **May 22, 1951**, and that death occurred at **12:45** A. M., from the causes and on the date stated above.

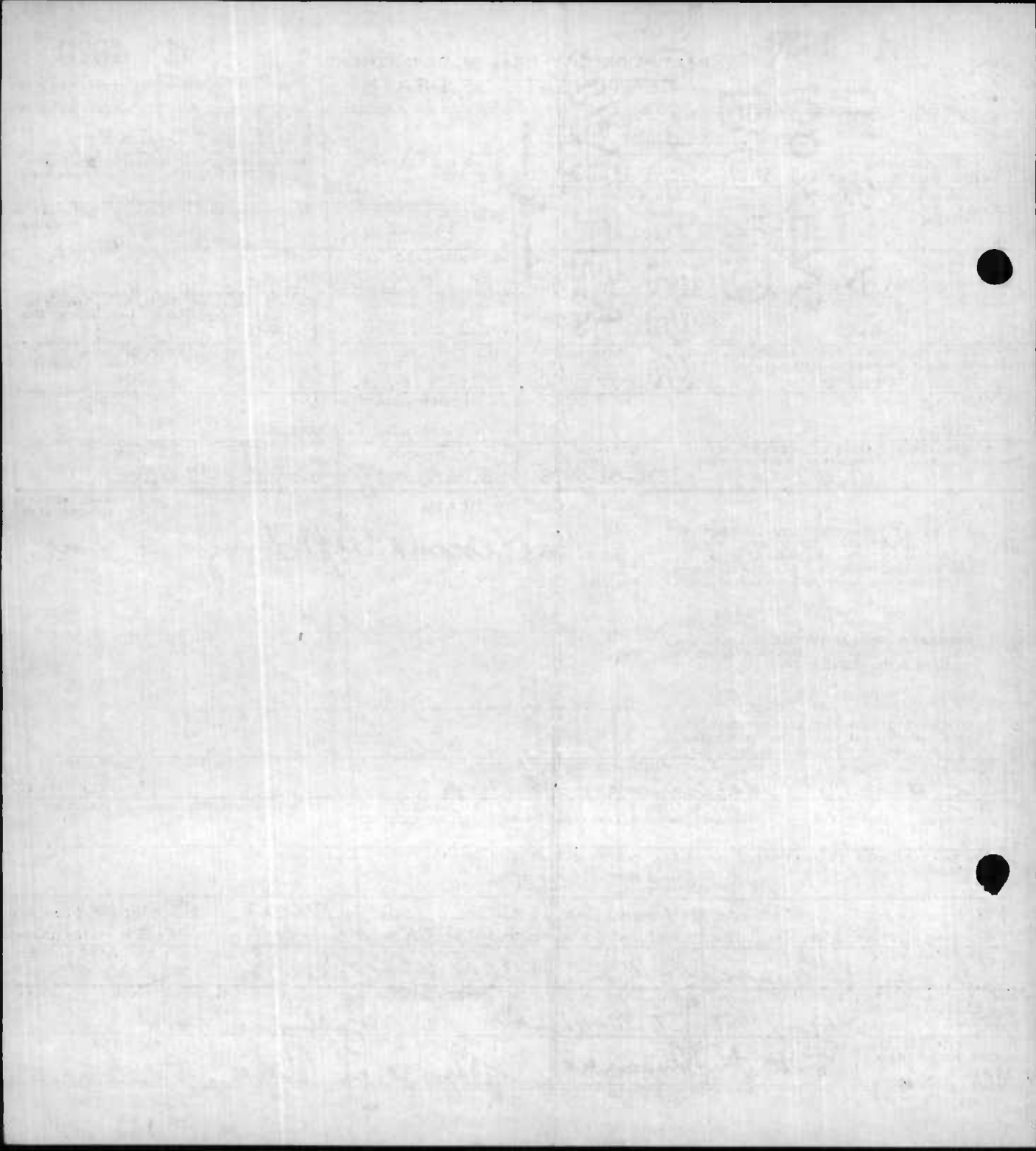
23A. SIGNATURE James F. Kavanagh MD	23B. ADDRESS 3014 Mt. Eden St	23C. DATE SIGNED 5-22-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE MAY 25, 1951	24C. NAME OF CEMETERY ST. STANISLAUS	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	25. FUNERAL DIRECTOR George A. Weber	ADDRESS 705 S. Penn St

VS 150

690464612

47D



51 4621

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4621

Registered No.

BIRTH NO. 51-10896

1. NAME OF DECEASED
(Type or Print)

DAVID

JACOBS

2. DATE
OF
DEATH

5-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon SECOURS Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

5-15-51

9. AGE (In years last birthday) Months: Days Hours: Min.

5 23

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM H JACOBS

14. MOTHER'S MAIDEN NAME

Ethel IMHOFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

1B. 756.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital atresia intestines

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Dehydration

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/20/51

19B. MAJOR FINDINGS OF OPERATION

Congenital atresia intestines

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15-1951, to 5-21-1951, that I last saw the deceased alive on 5-21-1951, and that death occurred at 10 P m., from the causes and on the date stated above.

23A. SIGNATURE

D. Throelken M.D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

5/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/23/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county) (State)

Fondrich St. Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Anthony J. Williams, M.D.

25. FUNERAL DIRECTOR

Thomas J. Kennedy 1600 Hollins St.

ADDRESS

MAY 23 1951

VS 150

1579

[Faint handwritten notes at the bottom of the page, likely bleed-through from the reverse side.]

51 4622

Dr. Rhetta Jr.

51 4622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William A. Johnson

2. DATE
OF
DEATH

May 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1530 N. Stucker St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

1530 N. Stucker St.

C. Length of stay in Baltimore

3 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/31/1884

9. AGE (In years

last birthday)

If Under 1 Year

Months

If Under 24 Hours

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Bank

11. BIRTHPLACE (State or foreign country)

Kieistatow, Md.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Johnson

14. MOTHER'S MAIDEN NAME

Charlotte Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Antone Madden 1530 N. Stucker St.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

(B)

Senility

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

10-15 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

AT WORK

22. I hereby certify that I attended the deceased from June, 1950, to 22 May, 1951, that I last saw the deceased alive on 21 May, 1951, and that death occurred at 4 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

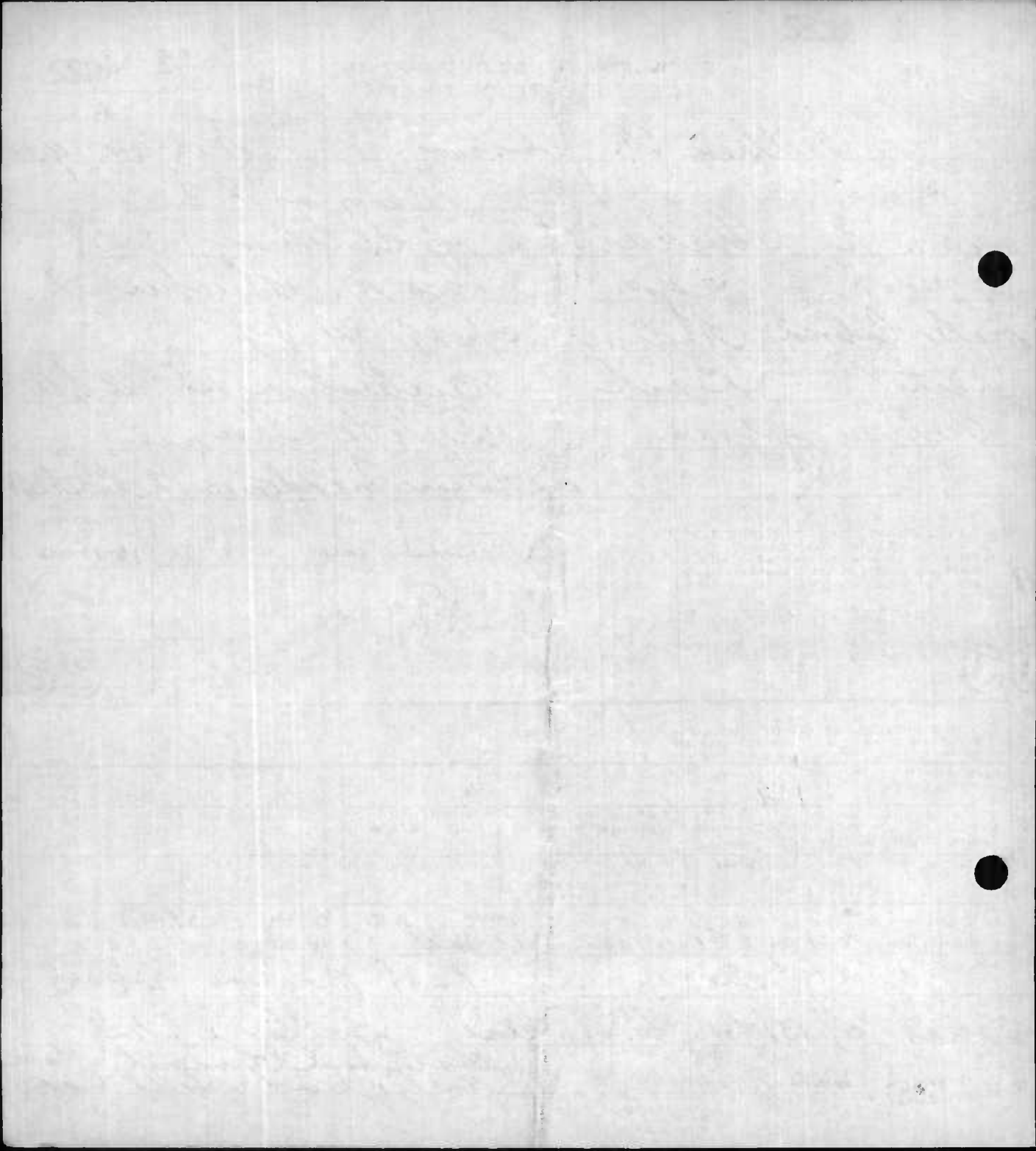
25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1951

Baltimore, Md.

Baltimore, Md.



51 4623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4623

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eddie Williams

2. DATE

OF

DEATH

May 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Somerset

(before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION US Marine Hospital, Baltimore, Md.

C. CITY OR TOWN

Crisfield

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

964 Broad Street

C. Length of stay in Baltimore

?

Yrs.

Mos.

Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

separated

8. DATE OF BIRTH

Sept. 4, 1900

9. AGE (In years

last birthday)

50

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Isaac Williams

14. MOTHER'S MAIDEN NAME

Jennie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

146-09-5915

17. INFORMANT

ADDRESS

Records, US Marine Hospital, Balto. Md.

18. 180X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastases from adenocarcinoma of left kidney (resected March 1950) to lungs, pleura, right kidney and peritoneum

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1951 to May 19, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 5:20 a. m., from the causes and on the date stated above.

23A. SIGNATURE OF Medical Director
John L. Wilson, Medical Director M. D.

23B. ADDRESS

US Marine Hospital, Balto. Md.

23C. DATE SIGNED

5/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/24/51

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Buntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

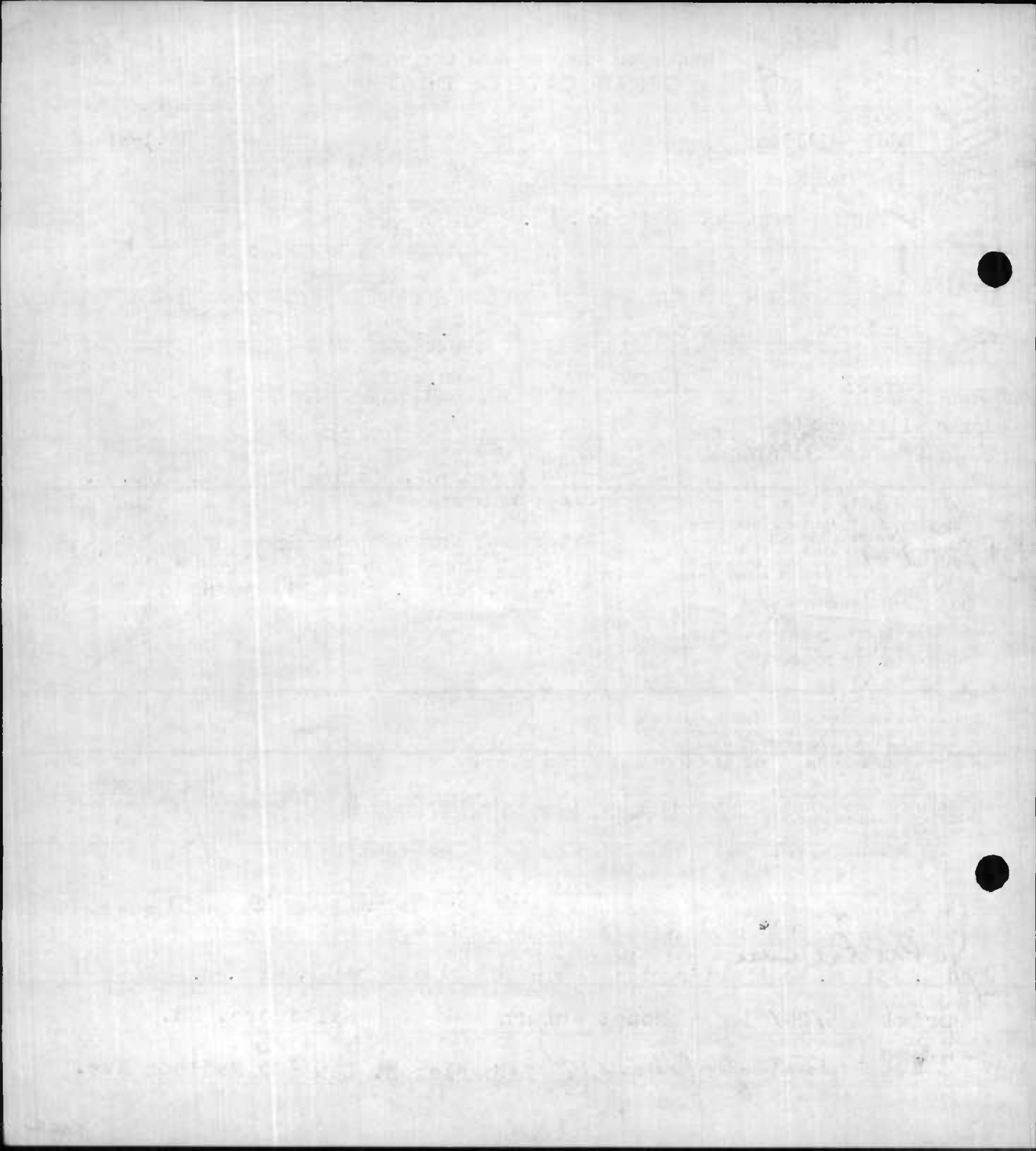
Charles A. Law 802 Madison Ave.

VS 150

97050

52a nuge

MEDICAL CERTIFICATION



51 4624

51 4624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HELEN Schuster

2. DATE
OF
DEATH

5-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN Hospital of Md Inc

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

7-1-1882

9. AGE (In years,
last birthday)

68

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

FRED GERMERSHAUSEN

14. MOTHER'S MAIDEN NAME

MARGARET WEISBRODT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

Self

ADDRESS

18.

584X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bile Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Perforated Gall Bladder

DUE TO

(C) Acute Cholecystitis

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4:30 p.m. 5-17-51, to 10:30 p.m. 5-21-51, 1951, that I last saw the
deceased alive on 5-21-51, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John C. Hyle

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

5-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/25/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

ANNE ARUNDEL, Co.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William H. Williams, Jr.

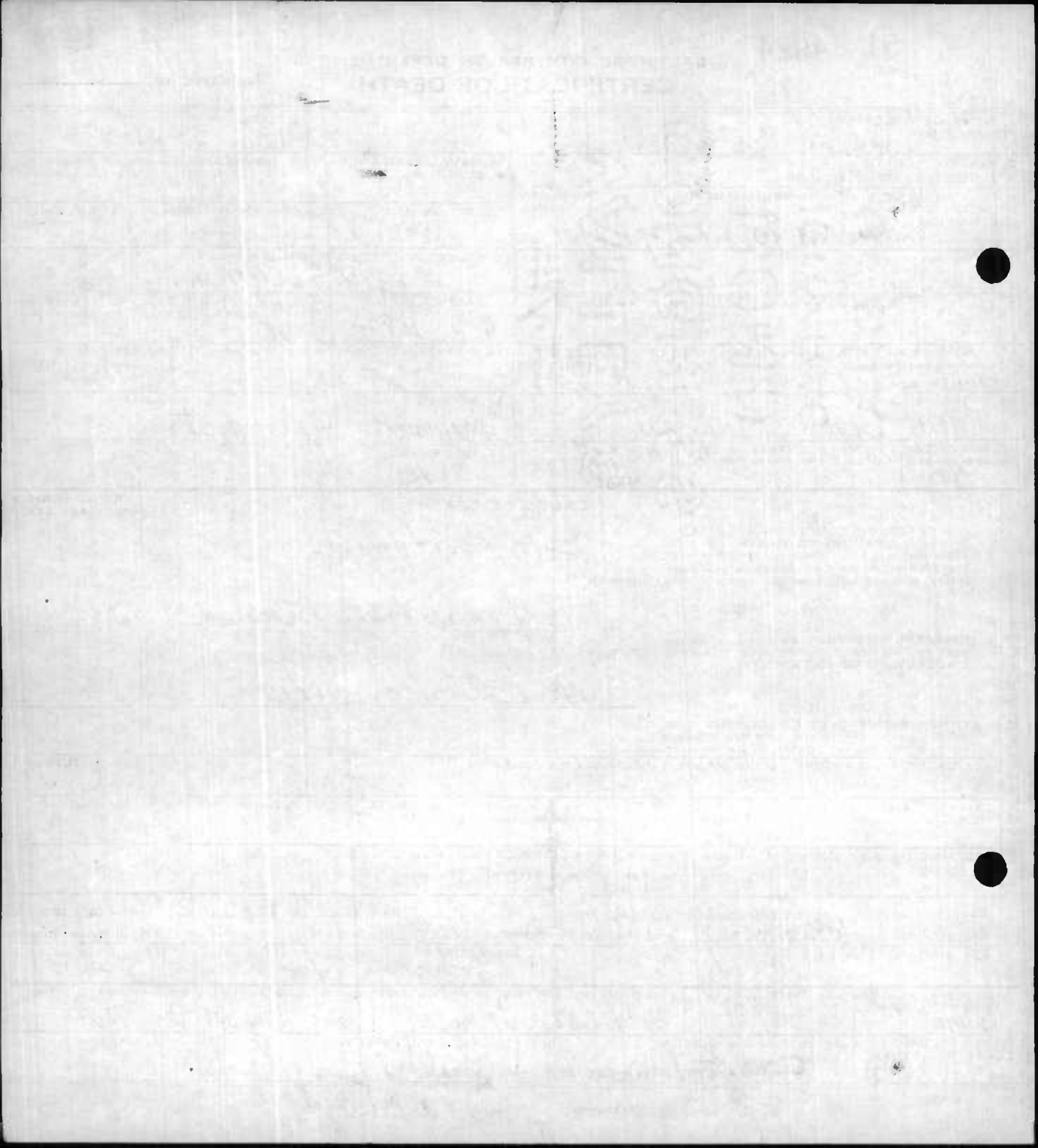
Charles H. Grand & Son Inc

118 W. Mt. Royal Ave
#1

127B

VS 150

MEDICAL CERTIFICATION



51 4625

CERTIFICATE CORRECTED 5-24-51

51 4625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence B. Beckwith

2. DATE
OF
DEATH

May 22 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4207 Fernhill Ave

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4207 Fernhill Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1 (1869)

9. AGE (In years
last birthday)

(81) 80

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Matthew Boone

14. MOTHER'S MAIDEN NAME

Mary Dowd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Olive E. Goldbeck 4207 Fernhill Ave

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Broncho-pneumonia*
DUE TO

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Chronic Passive congestion*
DUE TO

4 years

(C) *Hypertensive Cardio-Vascular*
DUE TO

many years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Generalized Arteriosclerosis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to May 22, 1951, that I last saw the
deceased alive on 5/22, 1951 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 25 1951

Loudon Park

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1951

Huntington Williams

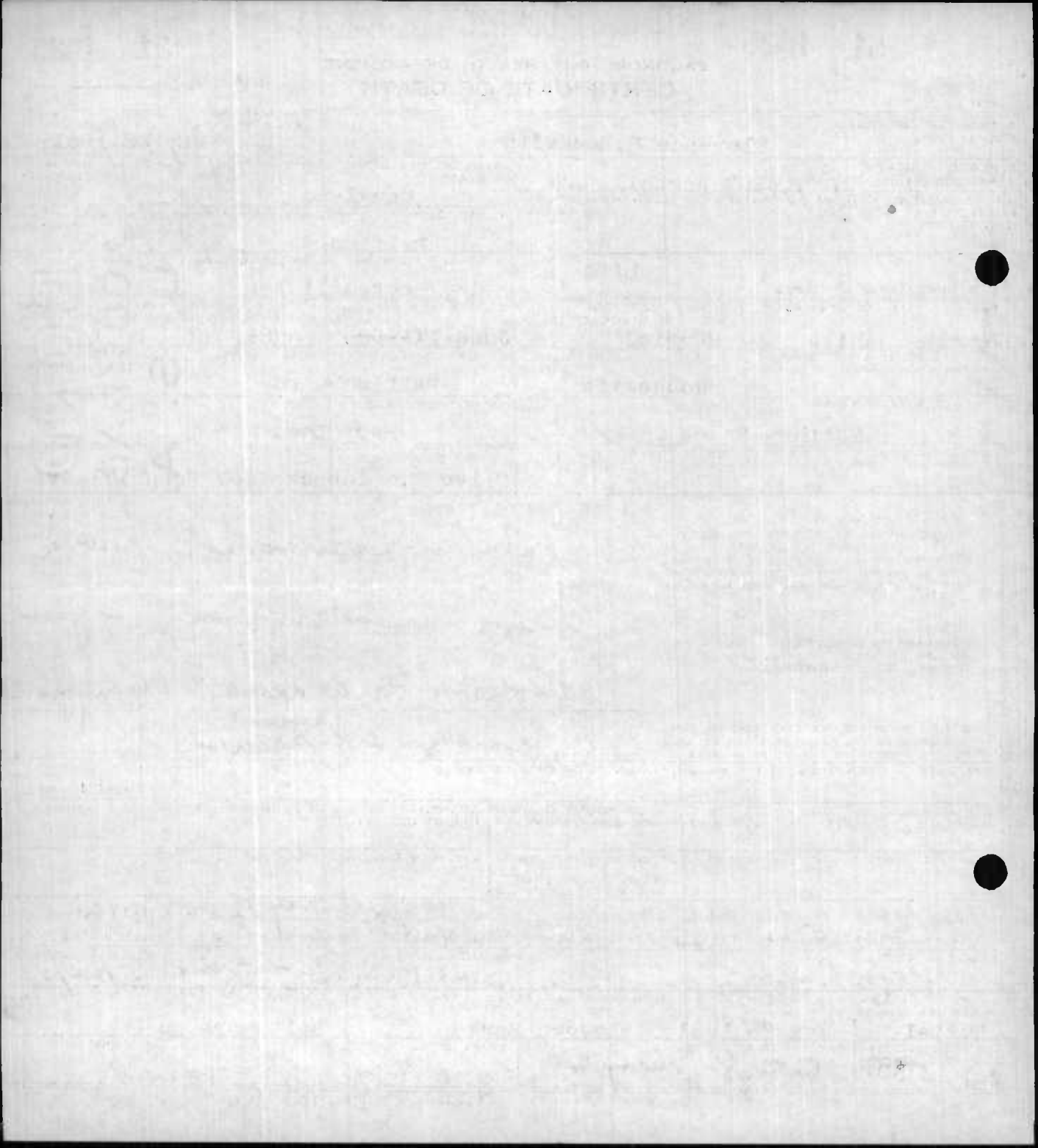
Harry H. Amacook

4204 Ridgewood Ave

VS 150

937

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Lloyd N. Meyers</i>			2. DATE OF DEATH <i>May 20, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3109 Glenmore Ave</i>			C. CITY OR TOWN <i>Baltimore 27-44</i>		
D. STREET ADDRESS (If rural, give location) <i>3109 Glenmore Avenue</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 19-1899</i>	9. AGE (In years last birthday) <i>51</i>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Feld Service Eng. Fairbanks Morse</i>			11. BIRTHPLACE (State or foreign country) <i>Wisconsin</i>		
13. FATHER'S NAME <i>Albert F. Meyers</i>			14. MOTHER'S MAIDEN NAME <i>Ida Breitkreitz</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>060-10-4531</i>		
17. INFORMANT <i>Ms. Dora Meyers</i>			ADDRESS <i>3109 Glenmore Ave</i>		
18. I <i>181X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cremia, Cachexia, & inanition</i> DUE TO <i>Anaplastic Ca. Bladder</i> DUE TO <i>Chelenteritis</i> DUE TO <i>Leukoplakia Bladder</i> INTERVAL BETWEEN ONSET AND DEATH <i>8-9 Mo.</i> <i>3-10 Yr.</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Just Mar. 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Same as above</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>9/4/50</i> to <i>3/20/51</i> , that I last saw the deceased alive on <i>5/20/51</i> , and that death occurred at <i>10:45 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Donald W. Muntzer</i>		23B. ADDRESS <i>5305 Harford Ave</i>		23C. DATE SIGNED <i>5/22/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/23/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Morland Park</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md</i>		24E. FUNERAL DIRECTOR <i>D. Luck</i>		24F. ADDRESS <i>5305 Harford Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 23 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>		52B <i>0463K</i>	

MEDICAL CERTIFICATION

Dr. Mintzer

652
51 4627
BIRTH NO.

HARNACK.
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4627
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Amanda Harnack</i>		2. DATE OF DEATH <i>5/22/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>2009 Hillenwood Rd</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2009 Hillenwood Rd</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 27-09</i>	
C. Length of stay in Baltimore Yrs. <i>2</i> Mos. <i>2</i> Days <i>2</i>		D. STREET ADDRESS (If rural, give location) <i>2009 Hillenwood Rd</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Sept. 22/1869</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>housework</i>	9. AGE (In years last birthday) <i>81</i>
13. FATHER'S NAME <i>Fredk. Oswald</i>		11. BIRTHPLACE (State or foreign country) <i>Estonia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>4042</i>		14. MOTHER'S MAIDEN NAME <i>Helen Rosenbloom</i>	
17. INFORMANT <i>Rudolf Isc</i>		ADDRESS <i>2009 Hillenwood Rd</i>	

18. <i>4/20/51</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>	CAUSE OF DEATH (A) DUE TO <i>Arteriosclerotic Cardiovascular disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 hrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Granulated skin right neck</i>		<i>?</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>2 yrs.</i>

19A. DATE OF OPERATION <i>5/26/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 20</i> , 19 <i>51</i> , to <i>May 22</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>May 22</i> , 19 <i>51</i> , and that death occurred at <i>11:50 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Galeen</i>		23B. ADDRESS <i>6217 Hayford Rd</i>		23C. DATE SIGNED <i>5/23/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/26/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 23 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Louis A. Funeral Home</i>	
				ADDRESS <i>4401 B & 1st</i>	

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

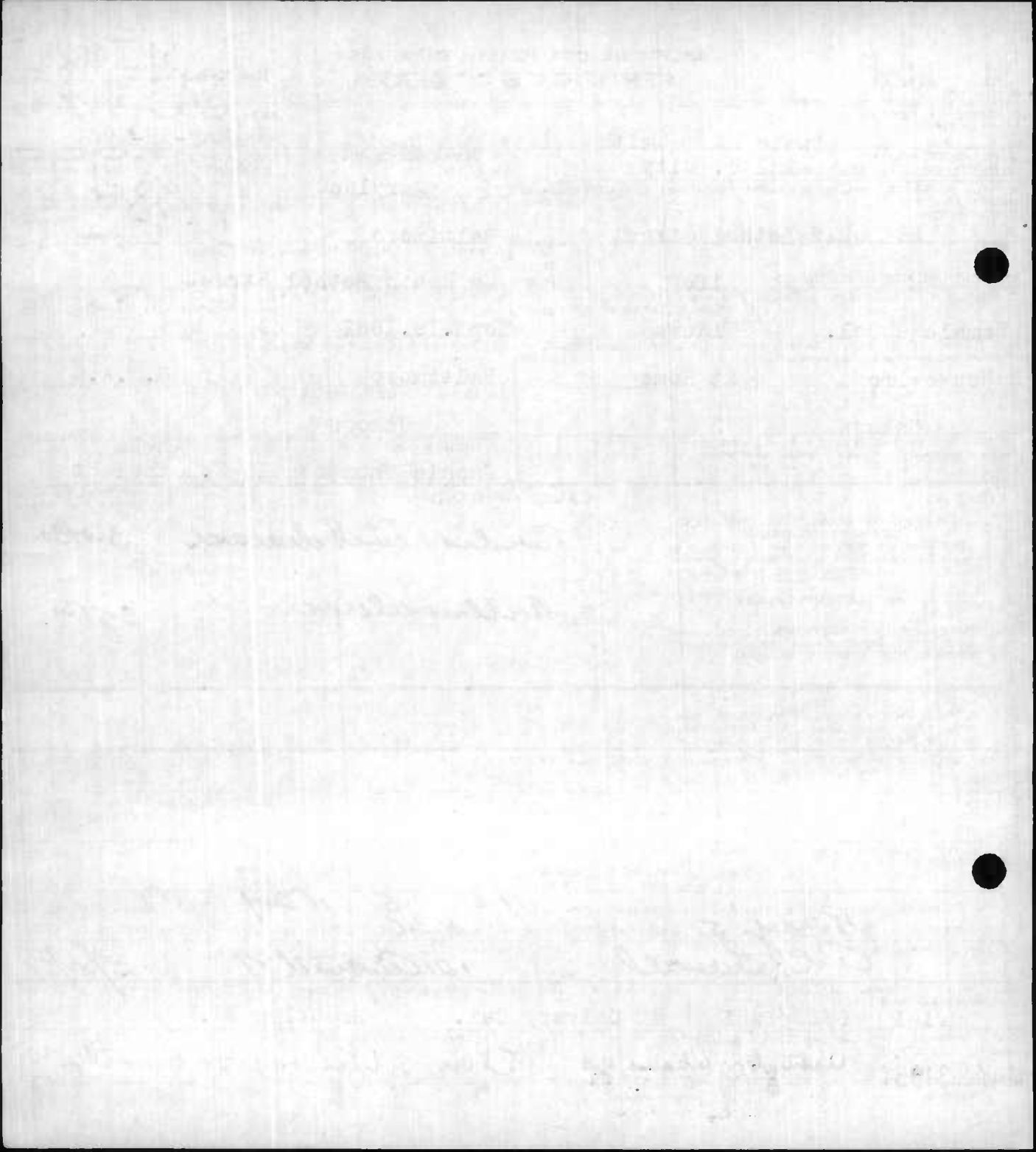
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530
51 4628
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4628

1. NAME OF DECEASED (Type or Print) <u>Lizzie Smith</u>		2. DATE OF DEATH <u>May-19-1951</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>3-01</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>28 South Bethel Street</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. LENGTH OF STAY IN BALTIMORE <u>Life</u>		E. STREET ADDRESS (If rural, give location) <u>28 South Bethel Street</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 19, 1881</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (In years last birthday) <u>69</u>
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Jannie Thompson</u>		ADDRESS <u>16 S. Bethel St</u>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Cardiovascular disease</u> DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerosis</u> DUE TO <u>3 yrs.</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-6</u> 19 <u>51</u> , to <u>18 May</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>18 May</u> , 19 <u>51</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>G. C. Curran</u>		23B. ADDRESS <u>121 Avenue 181</u>	
23C. DATE SIGNED <u>5/24/51</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/23/1951</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>		24D. LOCATION (City, town, or county) (State) <u>Brooklyn Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 23 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Williams, Jr.</u>	
VS 150		25. FUNERAL DIRECTOR <u>Elmer A. Wilson</u>	
		ADDRESS <u>1000 Brantly Ave</u>	

131a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4629**

1. NAME OF DECEASED (Type or Print) Lee, Annie Dell			2. DATE OF DEATH May 21, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1332 Fremont Avenue N.			E. LENGTH OF STAY IN BALTIMORE 40 Yrs.		
5. SEX Fe.	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March-5-1897		9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) St. Mary Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Hebb			14. MOTHER'S MAIDEN NAME Doshia Dorsey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Charles Lee 1332 N. Fremont Ave		

18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive cardio-vascular renal disease.	CAUSE OF DEATH (A) Hypertensive cardio-vascular renal disease. DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/20/51 , 19 51 to 5/21/51 , 19 51 that I last saw the deceased alive on 5/21/51 , and that death occurred at 12:05 PM from the causes and on the date stated above.					
23A. SIGNATURE Thaddeus Sawind		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED 5/21/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/24/1951	24C. NAME OF CEMETERY OR CREMATORY St Peters Cem	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1951		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		FUNERAL DIRECTOR <i>Elmer E. Wilson</i> ADDRESS <i>1000 Brantley</i>

131a

MEDICAL CERTIFICATION

194
The above is a copy of the original
document.

620
51 4630
BIRTH NO.

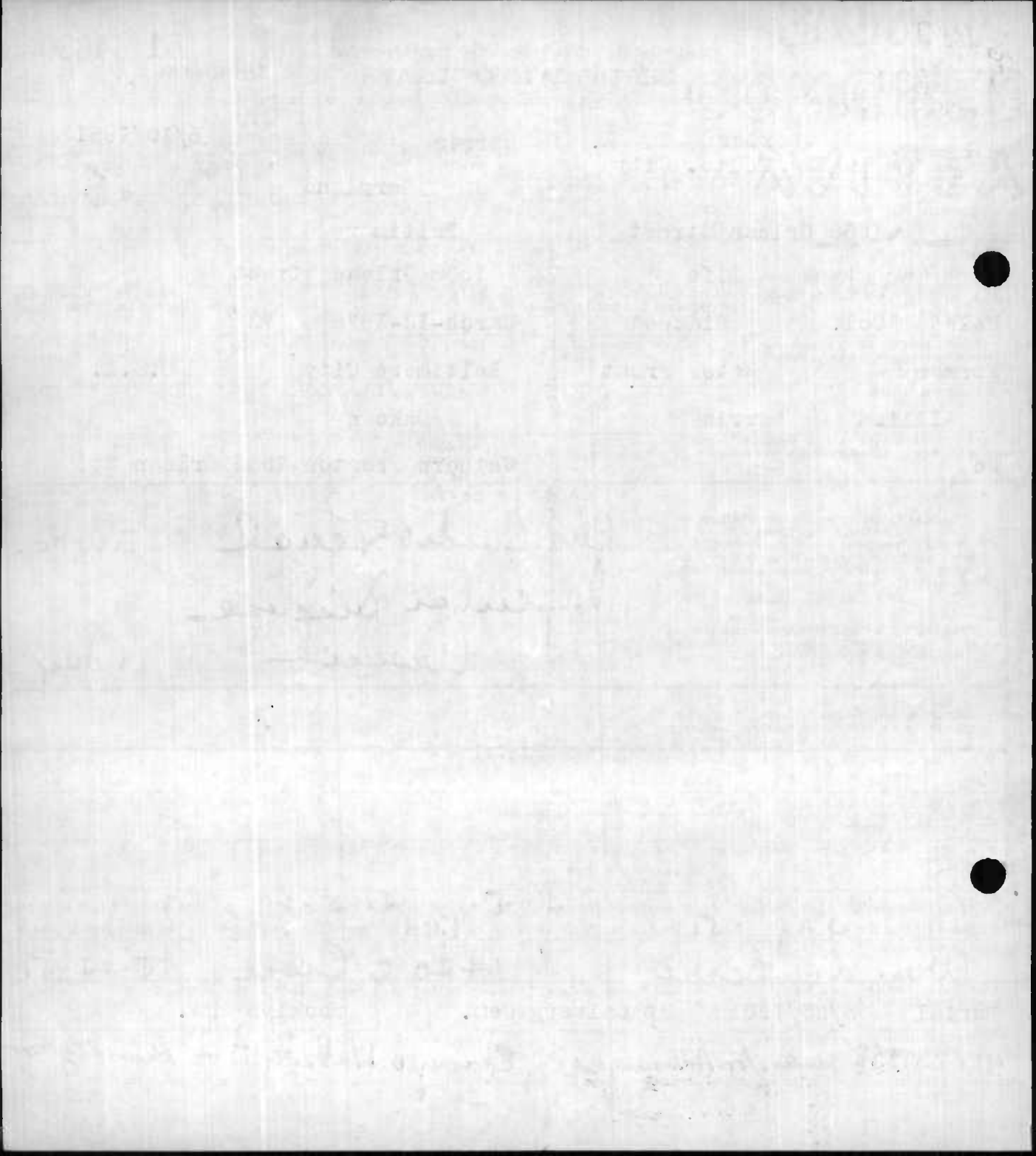
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4630
Registered No.

1. NAME OF DECEASED (Type or Print) Charles E. Harris		2. DATE OF DEATH 5/19/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 6-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1508 Orlean Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Life		O. STREET ADDRESS (If rural, give location) 1508 Orlean Street	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March-12-1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forman		10B. KIND OF BUSINESS OR INDUSTRY Water Front	9. AGE (In years last birthday) 73
11. BIRTHPLACE (State or foreign country) Baltimore City		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Harris		14. MOTHER'S MAIDEN NAME Unkown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Cathern Preston		ADDRESS 1508 Orlean St	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chr. Cardio Cereal DUE TO Vascular Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia	CAUSE OF DEATH Chr. Cardio Cereal Vascular Disease Uremia	INTERVAL BETWEEN ONSET AND DEATH 2 wks. 1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/23/1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 5-19-1951		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-5-1951 to 5-19-1951 ; that I last saw the deceased alive on 5-19-1951 , and that death occurred at 1:10A m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. L. Berry		23B. ADDRESS 1420 E. Chase		23C. DATE SIGNED 5-22-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/23/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR Chas. W. Wilson		24F. ADDRESS 1500 Brantly St	
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1951		REGISTRAR'S SIGNATURE Wm. L. Berry		25. FUNERAL DIRECTOR'S ADDRESS Chas. W. Wilson 1500 Brantly St	



425
B-148626

51 4631

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4631
Registered No.

1. NAME OF DECEASED (Type or Print) Patrick Wilkins			2. DATE OF DEATH 5-18-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 7yrs			D. STREET ADDRESS (If rural, give location) 1628 Milliman Street zone 5		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1-1871	9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10B. KIND OF BUSINESS OR INDUSTRY Farming		
11. BIRTHPLACE (State or foreign country) North Carolina			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Wilkins			14. MOTHER'S MAIDEN NAME Nancy Wilkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			ADDRESS		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH 2hrs.	CAUSE OF DEATH Arteriosclerosis, Cerebral (B) DUE TO Years	(C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

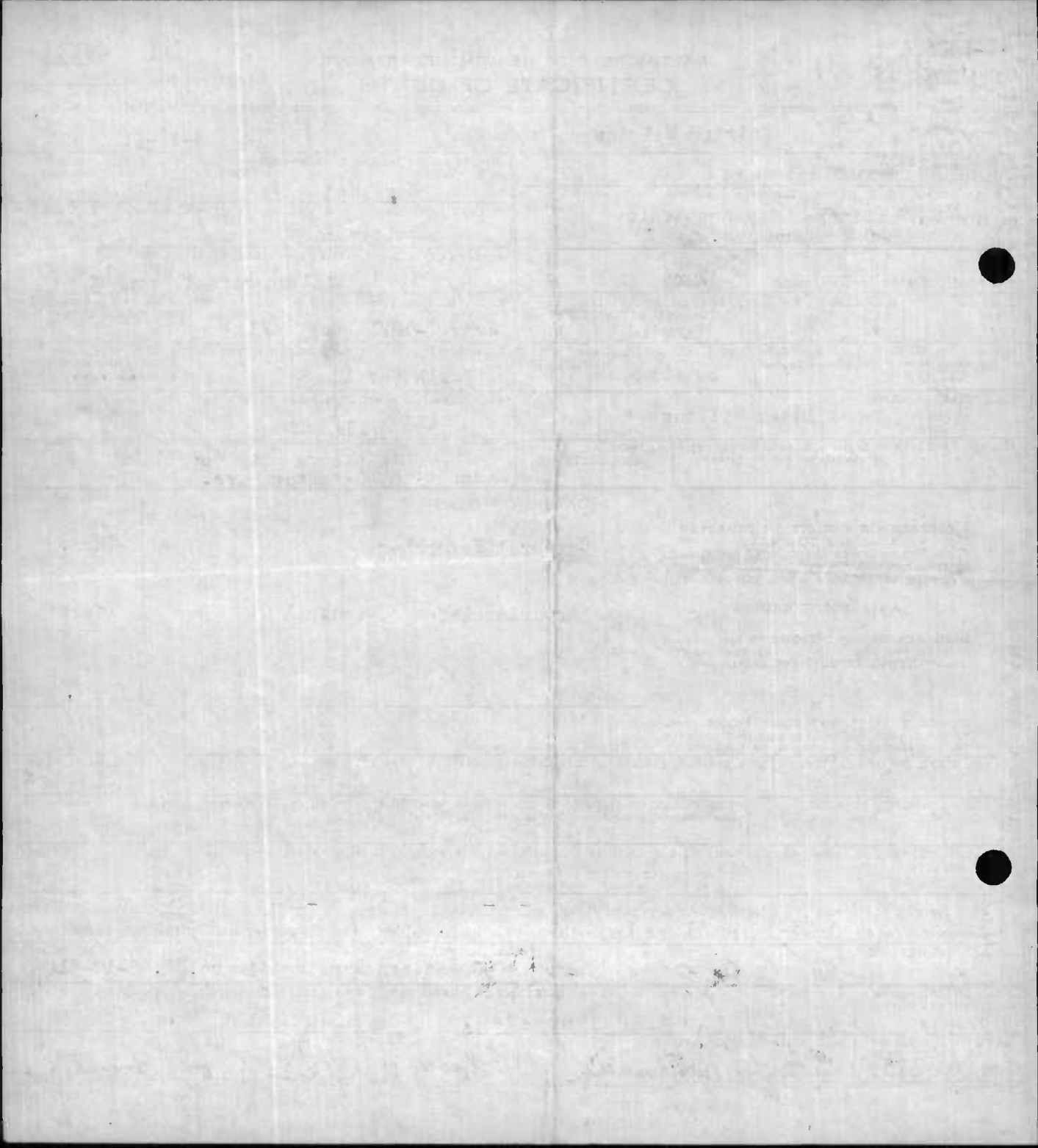
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-18-1951 to 5-18-1951, that I last saw the deceased alive on 5-18-1951, and that death occurred at 8.15 pm, from the causes and on the date stated above.

23A. SIGNATURE R. J. Rogers M. D.	23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 5-19-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/23/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elmer O. Wilson	ADDRESS 1000 Brantly
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600
4632BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4632

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thomas Francis O'Hare			2. DATE OF DEATH May 22-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arbutus, Md.		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1407 Knecht Ave. 5200		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17-1902		9. AGE (In years last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion Picture		10B. KIND OF BUSINESS OR INDUSTRY Projectionist	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas O'Hare			14. MOTHER'S MAIDEN NAME McGee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. Nov. 16-42 Jan 26-45 21-54-9346	17. INFORMANT Wife Ruth O'Hare 1407 Knecht ave.		

18. 470 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)	

19A. DATE OF OPERATION — 0	19B. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME (Month) (Day) (Year) (Hour) INJURY —	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1946, to May 21-1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE A. O. O'Neil	23B. ADDRESS 4 N. Fullan Ave.	23C. DATE SIGNED 5/22/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 21-51	24C. NAME OF CEMETERY OR CREMATORY Baker's Mt.	24D. LOCATION (City, town, or county) (State) Frederick Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1951		25. FUNERAL DIRECTOR O. Sedat / Jerry S. Carroll	

SEN-1

1

RECEIVED

SEN-1

RECEIVED

150
4633

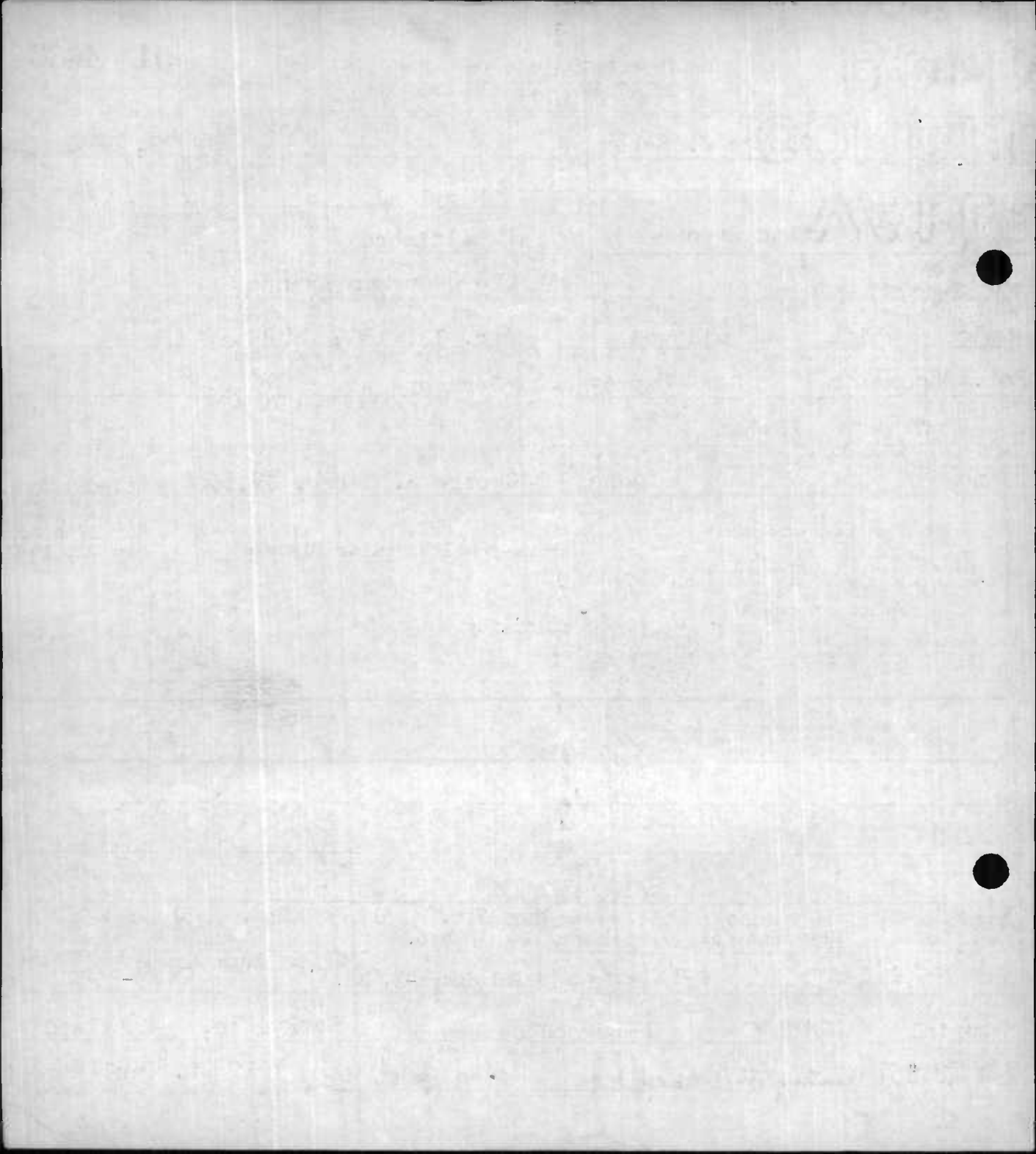
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4633

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George J. Reben		2. DATE OF DEATH May 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 628 Gutman Avenue		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 628 Gutman Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 13, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Shoemaker		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (In years last birthday) 85
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME ? Reben		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT George J. Reben, Jr., 628 Eastern Ave.		ADDRESS _____	
18. 447x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardio-renal Vascular Disease DUE TO (B) Senility DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH May 17th to May 22, 1951			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May 17th, 1951 to May 22nd, 1951 , that I last saw the deceased alive on May 19th, 1951 , and that death occurred at 6 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE George A. Barden		23B. ADDRESS 323 Medical Arts Bldg Baltimore-1, Md.	
23C. DATE SIGNED 5-23-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/25/51	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Parkville, Maryland	
DATE RECEIVED BY MAY 23 1951		REGISTRAR'S SIGNATURE Wm. Cook, Inc.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	



120
4634BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4634
Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland *6009 Belair Rd.*
(b) Street address *2111 E. Lafayette Ave.*
(c) Hospital or institution:(d) Length of stay in hospital or inst. (yrs., mos., or days) *—*(e) Length of stay in Baltimore (yrs., mos., or days) *life*

3 (a) FULL NAME

Eugene R. Davis

3 (b) If veteran, name war

3 (c) Social Security Account
No.

4. Sex

male

5. Color or race

*white*6 (a) Single, married, widowed, or
divorced*single*

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec. 18 - 1932

8. AGE: Years Months Days If less than one day

*18**5**3**hr.**min.*

9. Birthplace

Balto - Maryland
(Town, county, and state)

10. Usual Occupation

Grocery Clerk

11. Industry or business

Grocery Store

12. Name

Daniel R. Davis

13. Birthplace

Maryland

14. Maiden Name

Mary B.

15. Birthplace

16 (a) Informant

Daniel Davis

(b) Address

2111 E. Lafayette Ave.(a) *Burial*

(b) Date thereof

May 2, 1951

(Burial, cremation, or removal)

(month) (day) (year)

(c) Cemetery or crematory

New Baltimore

Location

Edmondson Ave

18 (a) Funeral director

Leo H. Cook

(b) Address

*1701-034 N. Patterson Park Ave.*19 *MAY 23 1951*(b) *Huntington Williams, Md.*

Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State

MD (b) County *— 8-02*

(c) City or town

Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No.

2111 E. Lafayette Ave.
(If rural give township)

(e) Citizen of foreign country?

— (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH

*May 21, 1951, at 5:10 PM*21. I certify that death occurred on the date above stated; that I attend-
ed deceased from *Dec. 15, 1949*, to *May 21, 1951*,
and that I last saw him alive on *May 6, 1951*.

Immediate cause of death

Coronary occlusion

Due to

Chr. Endocarditis

Due to

*Acute Articular
Rheumatism*

Other Conditions

(Include pregnancy within 8 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public
place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

M. J. McDermott

Address

*1136 Poplar Grove St*Date signed *5/23/51*

Duration

*15 min.**11 yrs.**11 yrs.*

PHYSICIAN

Underline the
cause to which
death should be
charged statis-
tically.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4635

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BROWN, ALBERT

2. DATE
OF
DEATH

5/20/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-01

D. STREET ADDRESS (If rural, give location)

1036 Stockton

6. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5/6/05

9. AGE (In years
last birthday)

46

10. Under 1 Year
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Paul Skinner

14. MOTHER'S MAIDEN NAME

Florence Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Vinara Butler

ADDRESS

1836 N. Stricker St.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tuberculosis, miliary of

DUE TO lung, liver, spleen.

(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Intravascular

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 5/18, 1951, to 5/20, 1951, that I last saw the
deceased alive on 5/19, 1951, and that death occurred at 8:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes III M.D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

5/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1951

Intington Williams

Mrs. Katie R. Williams Schreiner St.

From Communicable Disease Report Card 01079

signed by Dr. John H. Holmes, III

Provident Hospital

10/5/51/ ES

352
51 4636BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4636

1. NAME OF DECEASED (Type or Print) Pearl Whittington		2. DATE OF DEATH May 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2134 Walbrook Ave.		C. CITY OR TOWN (If outside corporate limits, write full name of town and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2134 Walbrook Ave.	
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH September 6, 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 63
13. FATHER'S NAME George Whittington		11. BIRTHPLACE (State or foreign country) Annapolis, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Emmaline Nickolson	
17. INFORMANT Mollie Whittington		ADDRESS 2134 Walbrook Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 447x I Hypertensive - Cardio - Renal disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 12, 1951 , to May 17, 1951 , that I last saw the deceased alive on May 17, 1951 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Wayland R. Jones		23B. ADDRESS 1300 N. Fremont Ave	
23C. DATE SIGNED 5/22/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 24, 1951	
24C. NAME OF CEMETERY OR CREMATORY mt. Zion Cem		24D. LOCATION (City, town, or county) (State) Landsdowne, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1951		REGISTRAR'S SIGNATURE Mr. Katie R. Williams	
FUNERAL DIRECTOR Schocker St		ADDRESS 322 F	

7208A

131a

Post W. 10/10/10

My dear Mr. [unclear]
[unclear]
[unclear] [unclear] [unclear]
[unclear] [unclear] [unclear]

September 10/10

My dear Mr. [unclear]

Enclosed find [unclear]
[unclear] [unclear] [unclear]

[unclear]
[unclear]
[unclear]

Yours truly

[unclear]

[unclear]
[unclear]
[unclear]
[unclear]
[unclear]

③ W-300
1 4637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4637

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John White

2. DATE
OF
DEATH

5/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland St. Agnes Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

US. A. COUNTY

C. CITY, TOWN, OR VILLAGE (If outside corporate limits, write RURAL, and give township)

Halethorpe
Baltimore, Rural

D. STREET ADDRESS (If rural, give location)

5616 Carville Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

11/69
81 yrs.

9. AGE (In years last birthday)

81

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Ship Yard

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----White

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Linda Gilbert, 5616 Carville Ave.

18. 4201 I

CAUSE OF DEATH Halethorpe, Md.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE RECENT MYOCARDIAL INFARCTION
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CEREBRAL EMBOLUS
DUE TO
(C) PULMONARY EDEMA & EFFUSION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

GENERALIZED ARTERIOSCLEROSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1951, to 5/22, 1951, that I last saw the deceased alive on 5/22, 1951, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 25/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1951

REGISTRAR'S SIGNATURE

Thurston H. Williams, M.D.

25. FUNERAL DIRECTOR

Harry F. [Signature]

ADDRESS

4101 Edmondson Ave.

MEDICAL CERTIFICATION

1237

1237

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1237

500

51 4638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4638

1. NAME OF DECEASED (Type or Print) <i>John B. Bowen</i>		2. DATE OF DEATH <i>5-23-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-03</i> D. STREET ADDRESS (If rural, give location) <i>608 S. Washington St</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>MERCY HOSP</i>		E. DATE OF BIRTH <i>3/25/83</i>	
F. LENGTH OF STAY IN BALTIMORE <i>68</i>		G. AGE (In years last birthday) <i>68</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3/25/83</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Not Employed</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>?</i>	11. BIRTHPLACE (State or foreign country) <i>MD.</i>
13. FATHER'S NAME <i>HENRY BOWEN</i>		14. MOTHER'S MAIDEN NAME <i>Louise M. ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>UNKNOWN</i>	17. INFORMANT <i>Hosp. Records</i>
18. <i>4201</i>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Acute myocardial infarction 9 days</i>	
ANTECEDENT CAUSES		(B) <i></i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i></i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5/15</i> , 19 <i>51</i> , to <i>5/23</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>5/22</i> , 19 <i>51</i> , and that death occurred at <i>8:30</i> a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Charles R. Ireland</i>		23B. ADDRESS <i>Mercy Hosp.</i>	
23C. DATE SIGNED <i>5/23/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-26-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>		24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 23 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>	
25. FUNERAL DIRECTOR <i>Lilya Zelen</i>		ADDRESS <i>403 S. W. 4th</i>	

MEDICAL CERTIFICATION

406 30

942

100

DEPARTMENT OF DEFENSE

100

100

100

100

100

100

100

100

100

100

300
51-148403-4639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4639
Registered No.

BIRTH NO. 51-11079

1. NAME OF DECEASED
(Type or Print)

Baby Boy "A", Rebecca Wade

2. DATE
OF
DEATH

May 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-07

D. STREET ADDRESS (If rural, give location)

1540 N. Washington St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 11, 1951

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

4 39

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Wade

14. MOTHER'S MAIDEN NAME

Rebecca Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

CAUSE OF DEATH

18. 762.5

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

5 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11-1951 to 5-11-1951 that I last saw the deceased alive on 5-11-1951, and that death occurred at 10:45 am, from the causes and on the date stated above.

23A. SIGNATURE

J. S. Croger M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

5-16-51

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county) (State)

4940 Eastern Avenue

DATE RECEIVED BY LOCAL REGISTRAR

MAY 23 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 4640
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Baby Boy "B", Rebecca Wade

2. DATE
OF
DEATH

May 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**Baltimore City Hospitals
4940 Eastern Avenue**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1540 N. Washington St.

Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

May 11, 1951

9. AGE (In years last birthday)

If Under 1 Year Months Days Hours Min.

4 38

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Wade

14. MOTHER'S MAIDEN NAME

Rebecca Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Baltimore City Hospitals
Records: 4940 Eastern Avenue**

18. **762.5** I **I** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Atelectasis**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 hrs,

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **5-11-**, 19**51** to **5-11**, 19**51**, that I last saw the deceased alive on **5-11**, 19**51** and that death occurred at **10:45am** from the causes and on the date stated above.

23A. SIGNATURE

Ch. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

5-16-51

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county) (State)

4940 Eastern Avenue

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1951

4632

1981

10

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race	
4. Date of Birth		5. Date of Death		6. Place of Birth	
7. Usual Residence		8. Cause of Death		9. Manner of Death	
10. Signature of Physician		11. Signature of Medical Examiner		12. Signature of Registrar	
13. Date of Entry		14. County		15. State	

260
51 4641

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4641

BIRTH NO.

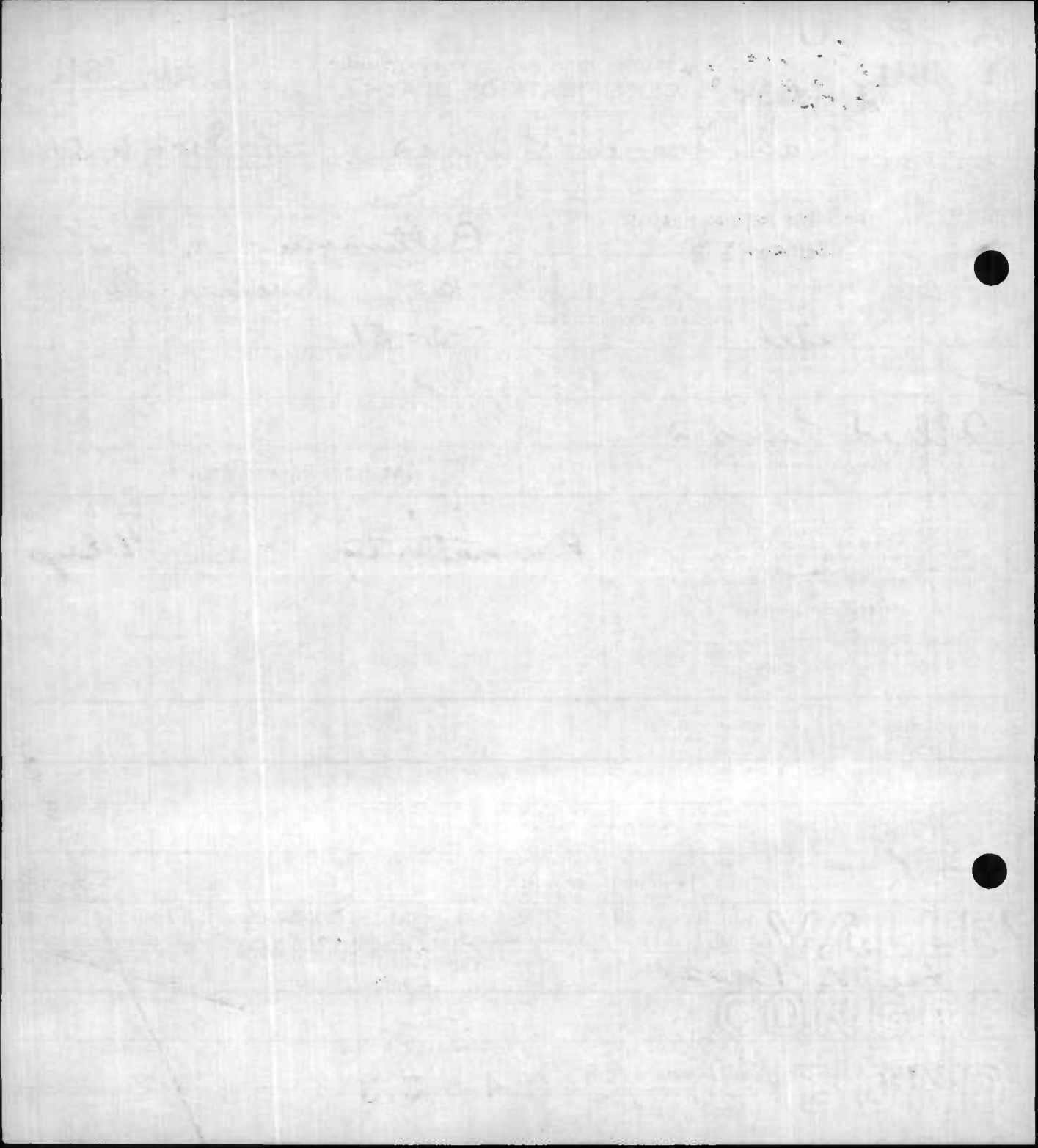
51-15634

1. NAME OF DECEASED (Type or Print) Baby Francis Swined			2. DATE OF DEATH May 6, 51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Johns Hopkins Hospital Baltimore 5, Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 8-03		
D. STREET ADDRESS (If rural, give location) 1207 E. Becker St.			5. DATE OF BIRTH 5-2-51		
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			9. AGE (In years last birthday) 4 II Under 1 Year Months Days II Under 24 Hours Hours Min.		
5. SEX Female 6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Alfred Swined			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT The Johns Hopkins Hospital			ADDRESS		

18. 776 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)		CAUSE OF DEATH Baltimore Prematurity	INTERVAL BETWEEN ONSET AND DEATH 4 days
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 3, 1951 , to May 6, 1951 , that I last saw the deceased alive on May 6, 1951 , and that death occurred at 2-P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Lee W. Bass		23B. ADDRESS The Johns Hopkins Hospital Baltimore 5 Md.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)			

DATE RECEIVED BY LOCAL REGISTRAR MAY 23 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 4633	
VS 150		HOSPITAL DISPOSAL		159	



252
51 4642 51-09046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4642

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Infant Hawkins

2. DATE
OF DEATH April 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Middle River

D. STREET ADDRESS (If rural, give location)

Route 14 Box 806

5300

Length of stay in Baltimore

Yrs.
Mos.
Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

4-23-51

9. AGE (In years last birthday)

11 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.

1 9

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ronald G. Hawkins

14. MOTHER'S MAIDEN NAME

Hazel Rose (556391)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Hospital Records

18. 759.3 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Multiple congenital abnormalities

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 1951, to 4-23, 1951, that I last saw the deceased alive on 4-23, 1951, and that death occurred at 1:44 A. M., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner Jr. M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

4-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY, OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

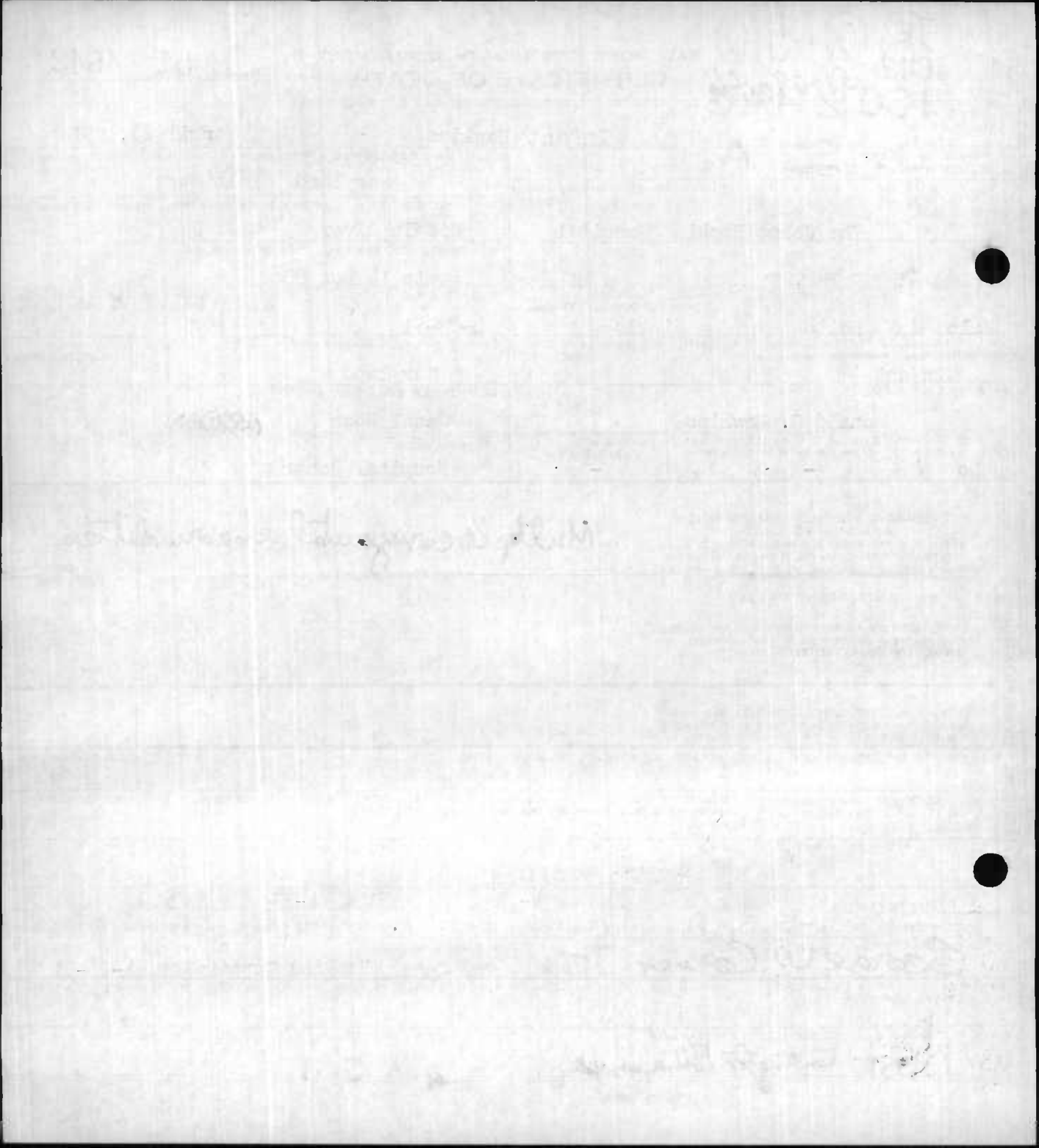
25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1951

Walter J. Williams, M.D.

4 6 3 4



525
MD 148271

51-10/93

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4643

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy (Clarissa) Johnson

2. DATE
OF
DEATH

May 10, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

628 Dover, St. (30)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 7, 1951

9. AGE (In years
last birthday)If Under 1 Year
Months: Days: Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Johnson

14. MOTHER'S MAIDEN NAME

Clarissa Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue18. 760.5 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Subarachnoid hemorrhage
Prematurity

DUE TO

INTERVAL BETWEEN
ONSET AND DEATHLife
Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7, 19 51 to 5-10, 19 51 that I last saw the
deceased alive on 5-10, 19 51, and that death occurred at 2:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. C. Cozen M. O.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-21-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

5-16-1951

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1951

Wm. H. Williams

4635

INVESTIGATION DEATH

NOV 10 1951

NOV 10 1951

NOV 10 1951

NOV 10 1951

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NOV 10 1951

State Anatomical

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4644

Registered No.

51 4644

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edmond Ross

2. DATE
OF
DEATH

MAY 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

MONKTON

D. STREET ADDRESS (If rural, give location)

5300

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 059X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Tularemia, pneumonia type

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5-13-1951, to 5-17-1951, that I last saw the
deceased alive on 5-17-1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Victor R. McKusick, M. D.

JOHNS HOPKINS HOSPITAL

5/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL M

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 23, 1951

Lester J. Williams, Jr.

Commissioner of Health

Hospital disposed of body. Permission given Dr. Chant (Asst. Director)
by State Anatomical Board. No further information as to patient's parents
could be obtained.

50

61 4645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4645

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Allen*2. DATE OF DEATH *May 20 - 1951*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland*
B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
*San Wil-Ba-Gou House*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore 18-82*C. Length of stay in Baltimore
Yrs. *0*
Mos. *0*
Days *0*D. STREET ADDRESS (If rural, give location)
*1129 W. Saratoga St.*5. SEX *M.*6. COLOR OR RACE *C.*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *W.*8. DATE OF BIRTH *5-6-1894*9. AGE (In years last birthday) *77*
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
*Patrol*10B. KIND OF BUSINESS OR INDUSTRY
*Roland Park aptcs*11. BIRTHPLACE (State or foreign country)
*Eastern Shore and*12. CITIZEN OF WHAT COUNTRY?
*U.S. A*13. FATHER'S NAME
*Unknown*14. MOTHER'S MAIDEN NAME
*Unknown*15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
*No*16. SOCIAL SECURITY NO.
*212-03-9489*17. INFORMANT ADDRESS
*Elizabeth W. Kelley 210 W. Cold St*18. *352X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH
*?*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Hemiplegia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ HOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *April 20, 1951*, to *May 20, 1951*, that I last saw the deceased alive on *May 17, 1951*, and that death occurred at *12:10 p.m.* from the causes and on the date stated above.23A. SIGNATURE *R. Johnson* M. D.23B. ADDRESS *403 Med Arts Bldg*23C. DATE SIGNED *5-20-51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *5-24-51*24C. NAME OF CEMETERY OR CREMATORY *Mount Zion Cemetery*24D. LOCATION (City, town, or county) (State) *Baltimore City, Maryland*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *Thurston Williams*

25. FUNERAL DIRECTOR

ADDRESS

MAY 23 1951

Joseph B. Lively 661 West Bank St

VS 150

837

MEDICAL CERTIFICATION

1919

11

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

11

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625
51 4646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

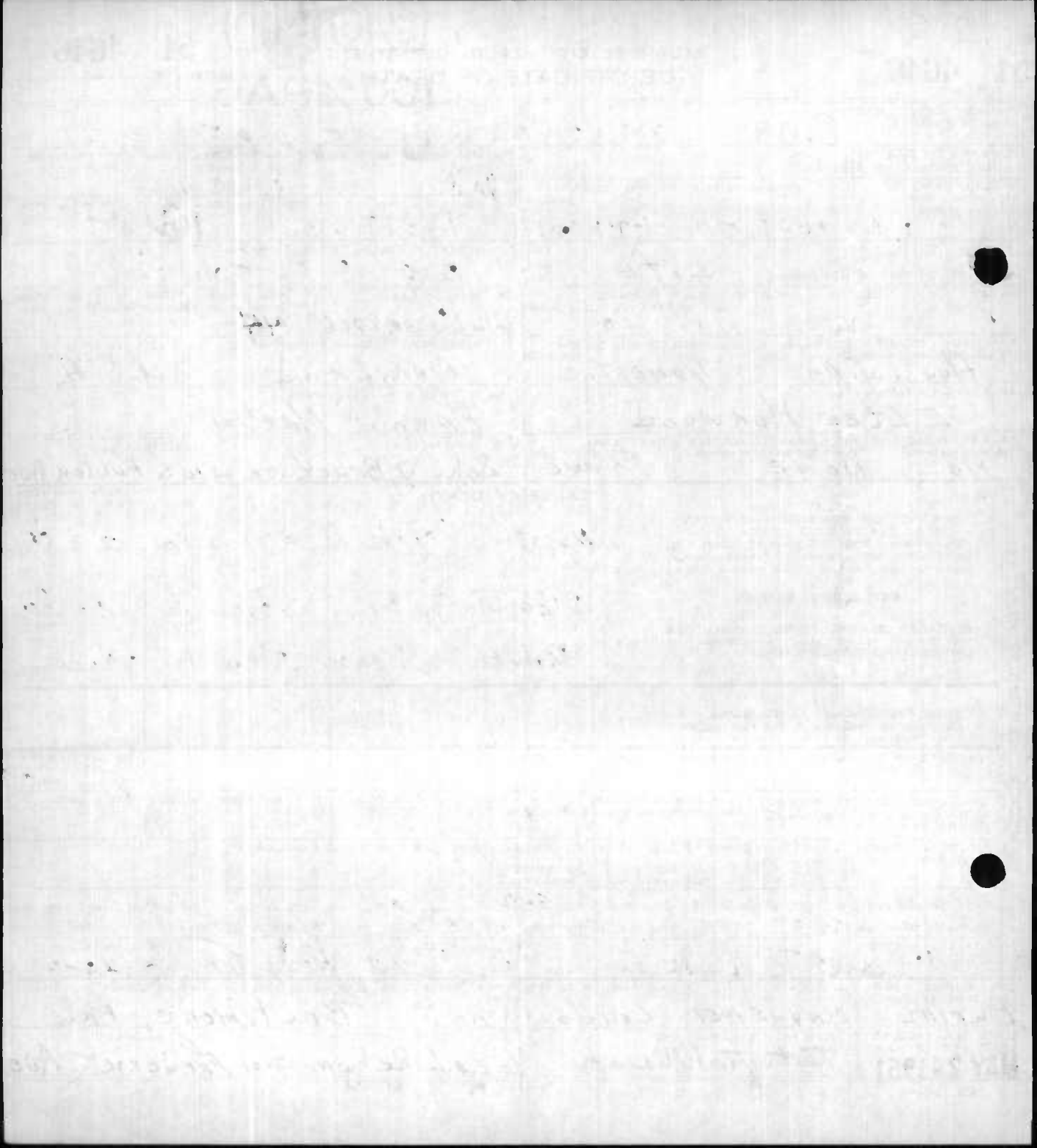
51 4646
Registered No.

1. NAME OF DECEASED (Type or Print) PEARL BRUCKNER		2. DATE OF DEATH 5-23-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY Hospital		C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 19-04	
D. STREET ADDRESS (If rural, give location) 210 S FULTON ST AVE			
5. SEX F		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 30, 1906	
9. AGE (In years last birthday) 44		10. UNDER 1 Year Months: Days 19-04	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ELTEE NORWOOD		14. MOTHER'S MAIDEN NAME FANNIE MARTIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT John V. Bruckner		ADDRESS 210 S. Fulton Ave	
18. I		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Mycotic Cerebral Embolism 23 days	
DUE TO		(B) Subacute Bacterial Endocarditis 25 days	
DUE TO		(C) Atrial Stenosis, Rheumatic 20 years	
19. II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-7-1951 to 5-23-1951 that I last saw the deceased alive on 5-23-1951 and that death occurred at 5:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Charles T. Henderson M.D.		23B. ADDRESS University Hospital	
23C. DATE SIGNED 5-23-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 25, 1951	
24C. NAME OF CEMETERY OR CREMATORY London Park		24D. LOCATION (City, town, or county) BALTIMORE, MD.	
25. FUNERAL DIRECTOR Geo. G. Schwab		ADDRESS 2101 FREDERICK AVE	

MEDICAL CERTIFICATION

7206A

92B



153
4647

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4647

Registered No. _____

1. NAME OF DECEASED (Type or Print) ORVILLE DIFENDERFER.			2. DATE OF DEATH 5/23/51.		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓ B. FULL NAME OF HOSPITAL OR INSTITUTION Lebanon Home & Hospital. C. Length of stay in Baltimore 15 yrs.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY C. CITY OR TOWN Balto. city. D. STREET ADDRESS (If rural, give location) 721 Newington Ave.		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married.	8. DATE OF BIRTH 1/10/1903.	9. AGE (In years last birthday) 48.	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic.			11. BIRTHPLACE (State or foreign country)		
13. FATHER'S NAME Mother J. Diferenderfer.			14. MOTHER'S MAIDEN NAME Edna E. Kennell.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Pt.			ADDRESS		

MEDICAL CERTIFICATION	18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) uracemia.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive C.V. Disease.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/24/51 , 19 5/10 5/23/51 , 19 5/10 that I last saw the deceased alive on 5/23/51 , 19 5/10 , and that death occurred at 11:30p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Donald P. Keaton		23B. ADDRESS Lebanon Home & Hospital		23C. DATE SIGNED 5/23/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 27, 1951		24C. NAME OF CEMETERY OR CREMATORY Green Hill	
24D. LOCATION (City, town, or county) Waynesboro, Pa.		24E. STATE Pa.		25. FUNERAL DIRECTOR Walter E. Lyons	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		REGISTRAR'S SIGNATURE Walter E. Lyons		ADDRESS Waynesboro, Pa.	

54499

937

1912

RECEIVED
JAN 10 1912



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4648**

452
51 4648

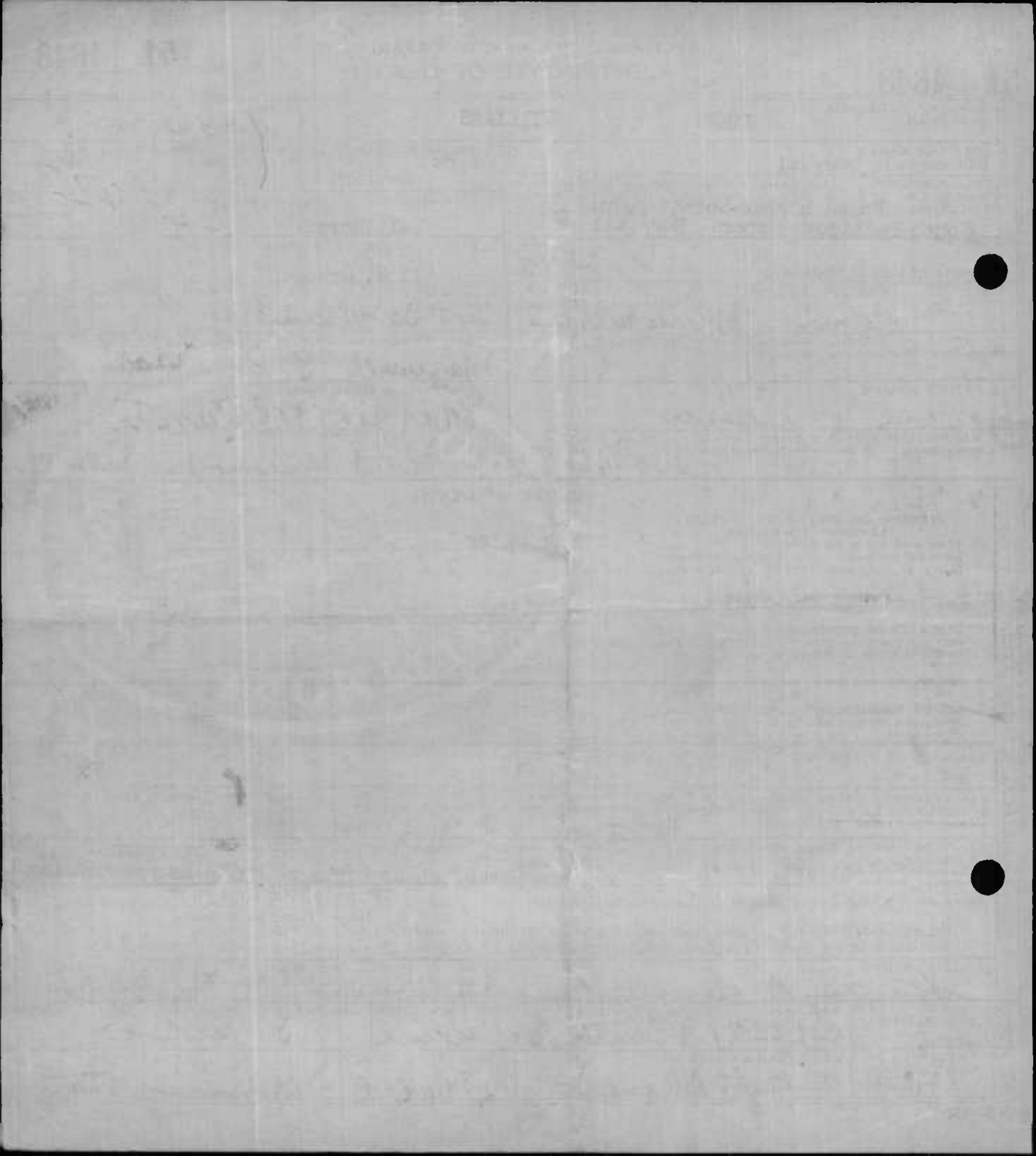
1. NAME OF DECEASED (Type or Print) JAMES WILLIAMS		2. DATE OF DEATH May 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Mayland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Found harbor-Locust Point to South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE 2 Yrs. 2 Mos. 0 Days		D. STREET ADDRESS (if rural, give location) 511 S. Greene St	
7. SEX Male	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married Williams	10. DATE OF BIRTH Sept 30 - 1930
11. AGE (In years last birthday) 20 yrs.		12. IF UNDER 1 YEAR: Months: Days: Hours: Min.	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		14. KIND OF BUSINESS OR INDUSTRY BARGE	
15. BIRTHPLACE (State or foreign country) Mazurville S. C.		16. CITIZEN OF WHAT COUNTRY?	
17. FATHER'S NAME Horace Williams		18. MOTHER'S MAIDEN NAME Maggie Mc. Canty	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. SOCIAL SECURITY NO. 250-42-6702	
21. INFORMANT Robert Williams		22. ADDRESS 16 N Wolfe St	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pier 8 Locust Point 24/1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 22, 1951 abt. 10 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? overturned Painting barge on which he was working	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley K. Dunder		23B. CHIEF MEDICAL EXAMINER Stanley K. Dunder		23C. DATE SIGNED May 23, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-25-51		24C. NAME OF CEMETERY OR CREMATORY Santer S. Carolina	
24D. LOCATION (City, town, or county) S. Carolina		24E. FUNERAL DIRECTOR W. B. Spriggs		24F. ADDRESS -139 W. Hamling Street	
25. DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		25. REGISTRAR'S SIGNATURE Stanley K. Dunder		25. FUNERAL DIRECTOR W. B. Spriggs	

VS 151 **N-990X** **56455** **183** ✓

MEDICAL CERTIFICATION



562

4649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4649

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Ralph H. Simmons		May 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)		A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		D. STREET ADDRESS (If rural, give location)	
111 St. Albans Way		Maryland Baltimore 27-10		111 St. Albans Way	
C. Length of stay in Baltimore		5. SEX		6. COLOR OR RACE	
		male		white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
married		May 8, 1895		56	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Builder		self		Cecil Co. Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Joseph Simmons		Loda Tyson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
				Mrs. Mary E. Simmons	
18. 191X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) carcinoma lower lip - DUE TO Removent in neck (Erosion of carotid artery)		1 yr.	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
5/19/50, 11/18/50, 3/25/51		metastases both sides neck		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from May 9, 1950, to May 23, 1951, that I last saw the deceased alive on May 23, 1951, and that death occurred at 12:45 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Grant Edward		13 E. Biddle St		May 23 51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		5/26/51		Lorraine Park	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Balto, Md.		Leonard J. Luck		5305 Harford	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
MAY 24 1951		Wilmington Williams, M.D.		Leonard J. Luck	

Dr. Frank Grant
15 E. Butler St.

516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51** **4650**BIRTH NO. **51 4650**

1. NAME OF DECEASED (Type or Print) Roland L. Pumphrey		2. DATE OF DEATH May 21-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2200 Hamilton Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-06	
C. Length of stay in Baltimore Yrs. 00 Mos. 00 Days 00		D. STREET ADDRESS (If rural, give location) 2200 Hamilton Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 1-1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 62
13. FATHER'S NAME John Pumphrey		14. MOTHER'S MAIDEN NAME Gertrude Hales	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
17. INFORMANT Mrs Edna Pumphrey		ADDRESS Hamilton	

18. 164X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Mediastinal Carcinoma, year		CAUSE OF DEATH Mediastinal Carcinoma, year	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) — DUE TO	
		(B) — DUE TO	
		(C) —	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH no		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —	
21D. TIME (Month) (Day) (Year) (Hour) INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 12, 1951 to May 21, 1951 , that I last saw the deceased alive on May 21, 1951 , and that death occurred at 6:55 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE L. J. Luck		23B. ADDRESS 5106 Harford Road.		23C. DATE SIGNED 5-22-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/24/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24D. LOCATION (City, town, or county) (State) Anne Arundel Co Md.		25. FUNERAL DIRECTOR L. J. Luck		ADDRESS 25305 Harford Rd.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR L. J. Luck	

Dr. Gordy

652
51 4651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4651
Registered No.

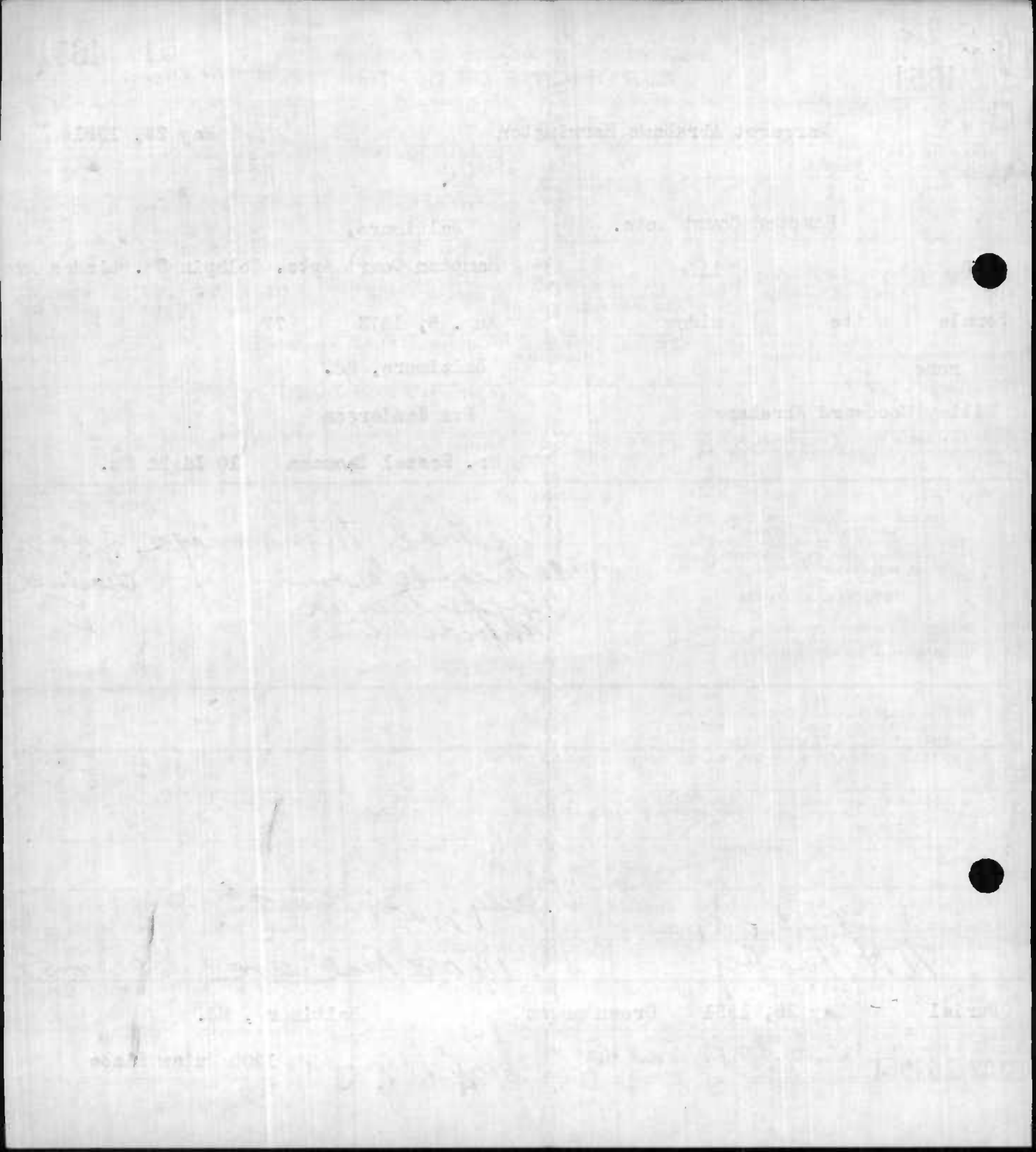
1. NAME OF DECEASED (Type or Print) Margaret Abrahams Harrington		2. DATE OF DEATH May 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hampton Court Apts.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,	
C. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Hampton Court Apts. Dolphin St. Linden Ave	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Aug. 8, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77
13. FATHER'S NAME Willey Woodward Abrahams		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Eva Sanderson	
17. INFORMANT Mr. Roszel Thomsen		ADDRESS 10 Light St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Menstruopex (A) DUE TO Anterio-sclerotic Hypertension Myocarditis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO	CAUSE OF DEATH Cerebral Menstruopex Anterio-sclerotic Hypertension Myocarditis	INTERVAL BETWEEN ONSET AND DEATH 3 days Gradual
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 1935 to May 23, 1951 , that I last saw the deceased alive on 5-23 , 19 51 , and that death occurred at 12:48 p. m., from the causes and on the date stated above.				
23A. SIGNATURE M. H. Haddy		23B. ADDRESS 1403 Park ave		23C. DATE SIGNED 5-24-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 25, 1951		24C. NAME OF CEMETERY OR CREMATORY Green mount
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (City, town, or county) (State)		

DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		25. FUNERAL DIRECTOR John J. Kelly		ADDRESS 1900 Eutaw Place	
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937



550
51 4652

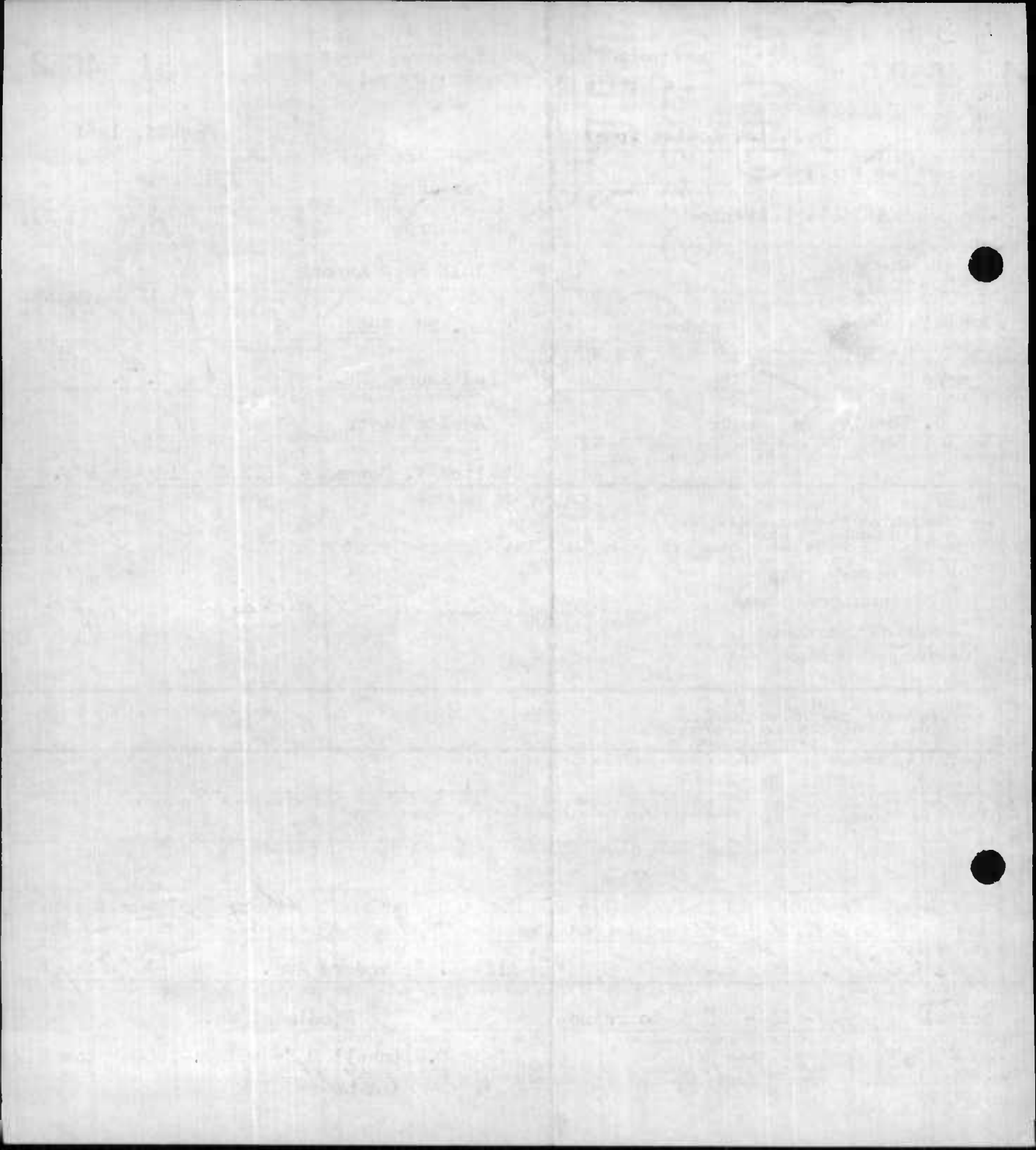
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4652

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Juliet Louise Cowman		May 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1615 Park Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 6 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1615 Park Avenue 14-01			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 23, 1866	9. AGE (In years last birthday) 85	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME J. Wherley Van Sant		14. MOTHER'S MAIDEN NAME Amelia Meyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Walton V. Cowman - 5622 Stonington Ave.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Coronary occlusion DUE TO (B) Hypertensive C-V Disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yr	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan., 1951, to May, 1951, that I last saw the deceased alive on 22 May, 1951, and that death occurred at 7:00 A.M., from the causes and on the date stated above.					
23A. SIGNATURE C. Allan Smith		23B. ADDRESS M. D. 1134 E. Belvedere Ave.		23C. DATE SIGNED 24 May 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5 - 25 - 51		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS 1900 Eutaw Pl.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		VS 150	

MEDICAL CERTIFICATION

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 4653**

1. NAME OF DECEASED
(Type or Print)

MARIANNE CHESTER. (Tomczewski)

2. DATE
OF
DEATH

5/22/51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home & Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Ind.**

B. COUNTY **Balt.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

City.

Rural

D. STREET ADDRESS (If rural, give location)

Box 276, Dogwood Ave.

C. Length of stay in Baltimore

444 Yrs. Mos. Days

5. SEX

F.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

3/1/1892.

9. AGE (In years last birthday)

59.

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Johann Hoffman.

14. MOTHER'S MAIDEN NAME

Madeline Polih. ✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marianne Point Box 276, Dogwood Ave.

CAUSE OF DEATH

18. **491X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bronchopneumonia**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/20/51**, 19**51**, to **5/21/51**, 19**51**, that I last saw the deceased alive on **5/21/51**, 19**51**, and that death occurred at **1.4 m.**, from the causes and on the date stated above.

23A. SIGNATURE

Donald S. Steaton M. D.

23B. ADDRESS

Church Home Hosp.

23C. DATE SIGNED

5/22/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 25/51

St Stanislaus Cem

Balt. 5 Ind.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1951

Walter J. Williams, M.D.

John M. Welch 401 S. Chestnut

MEDICAL CERTIFICATION

1953

RECEIVED
FEB 10 1953

RECEIVED

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4654**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CELIA		2. DATE OF DEATH May 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Md. General Hospital		C. CITY OR TOWN (If outside corporate limits, give rural and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2620 E. Monument St.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory		10B. KIND OF BUSINESS OR INDUSTRY Grey Clothing	
13. FATHER'S NAME Frank Hartung		14. MOTHER'S MAIDEN NAME Mary Balte	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS John A. Hartung Aberdeen	

18. E903.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary embolism complicating fracture of right femur		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

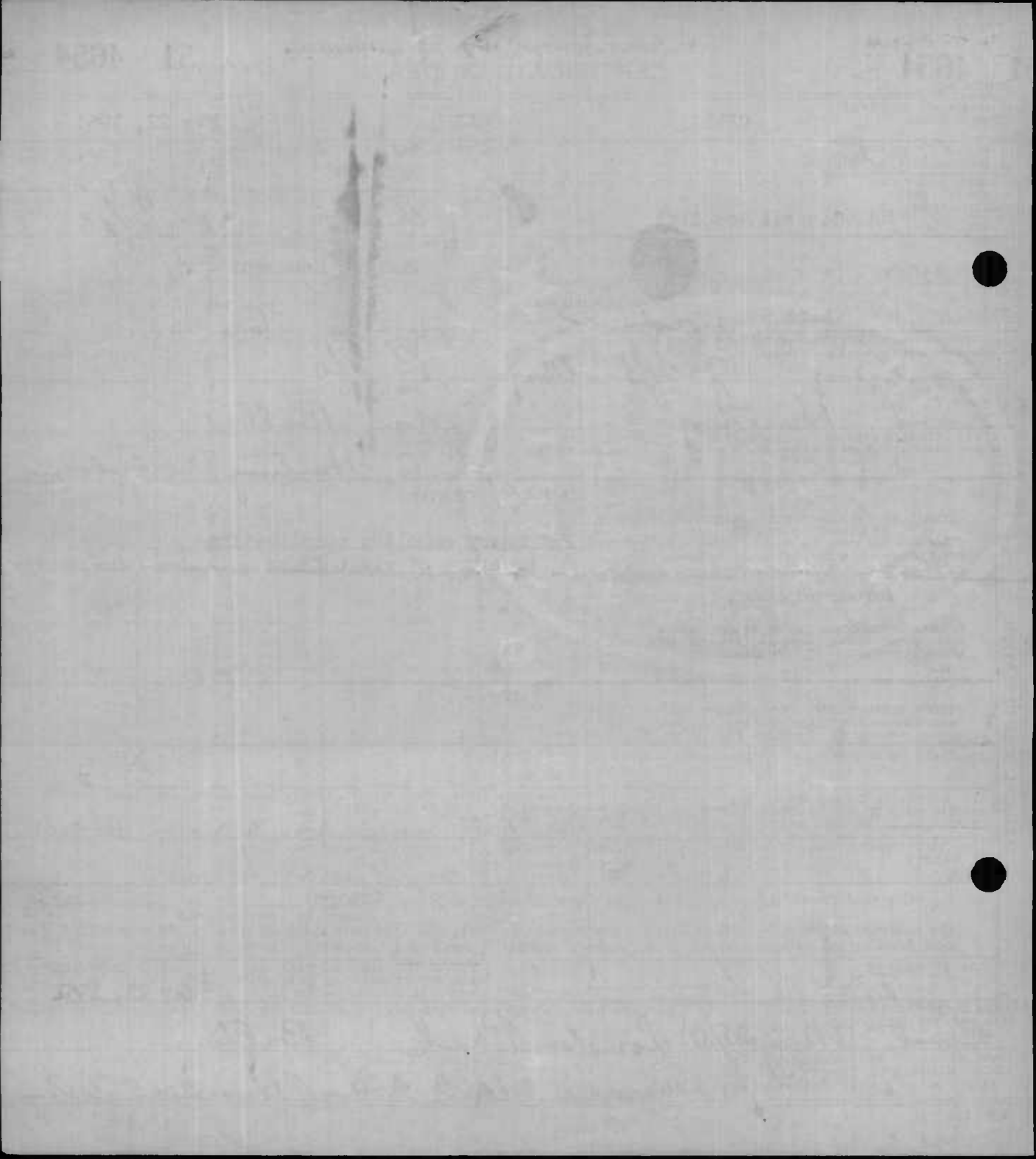
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) L. Greif Bros. Clothing Manufact.		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Homeland Ave., Baltimore, Maryland	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 1, 1951 10 A m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell to floor	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley S. Durelacher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED May 23, 1951	
24A. DATE May 25/51		24B. NAME OF CEMETERY OR CREMATORY London Park		24C. LOCATION (City, town, or county) (State) Balto	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		REGISTRAR'S SIGNATURE Wm. H. Williams		25. FUNERAL DIRECTOR ADDRESS 1000 N. Howard Ave. 2008 Orlan	

V S 151
N-821.0 5904G 186a

MEDICAL CERTIFICATION



D.O.A MED. EXAM. CASE.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4655

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DONALD BROWN

2. DATE
OF
DEATH

MAY 22, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Acc Room*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLANDB. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2017 ORLEANS ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MALE

white

SINGLE

8. DATE OF BIRTH

Nov 29 1933

9. AGE (In years last birthday)

17

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

operative

Wm Brown

11. BIRTHPLACE (State or foreign country)

W Va

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 353.3 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Asphyxia during

(A)

Epileptic Convulsion

DUE TO

Essential Epilepsy

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

Dr. J. H. Jones

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN
ONSET AND DEATH

8

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A. 19, to D.O.A. 19, that I last saw the deceased alive on D.O.A. 19, and that death occurred at 7:22 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R E Wello

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-22-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1957

T. W. Williams, M.D.

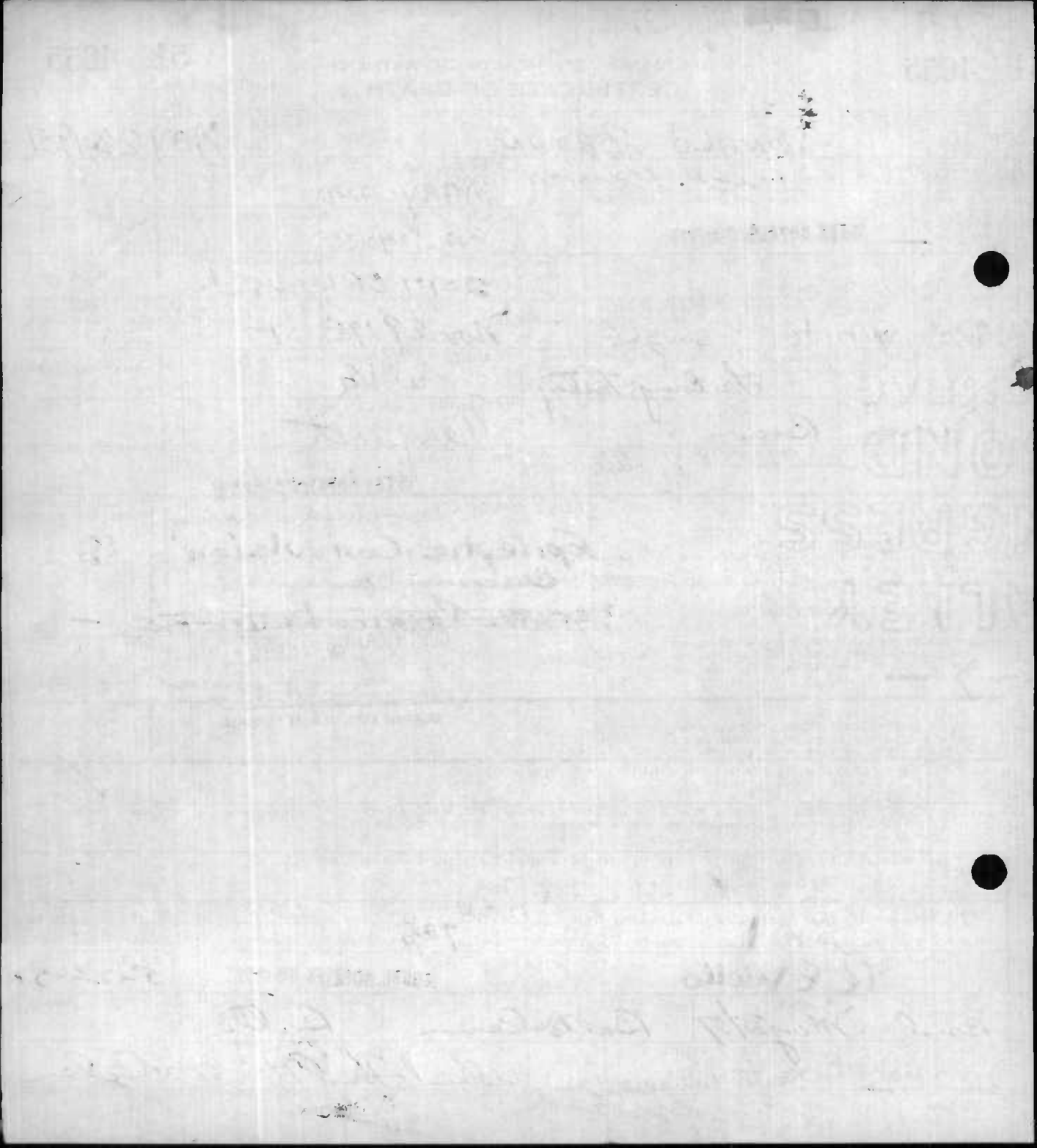
Wells & Co. 2000 Calver

VS 150

To be approved 69046

85

MEDICAL CERTIFICATION



200
51 4656BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4656
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GerTRUDE L. Bosse

2. DATE
OF
DEATHMAY 23
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONVentnor Lodge
536 S. Chapel Gate LaneYrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, with RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

790 LINNARD Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 7, 1890

9. AGE (in years,
last birthday)

61

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Utah

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Martin Lenzi

14. MOTHER'S MAIDEN NAME

Caroline ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Martin L. Bosse - 790 Linnard St.

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.CAUSE OF DEATH
CHRONIC MYOCARDITIS AND
MYOCARDIAL Degeneration

DUE TO

(A) Auricular Fibrillation
DUE TO Chronic Decomensation(C) Hypertensive Cardio-Vascular
Disease with Extreme LEFT
HypertrophyINTERVAL BETWEEN
ONSET AND DEATH

?

6 YEARS

1 YEAR

10 YEARS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1942, to MAY 23, 1951, that I last saw the
deceased alive on MAY 22, 1951, and that death occurred at 8:45A m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Bradley

M. O.

23B. ADDRESS

2035 W. Fayette St

23C. DATE SIGNED

5/23/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/26/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Md

25. FUNERAL DIRECTOR

J. J. Lickner + Co. - Balto

ADDRESS

935 Md

VS 150

530
51 4657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4657
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George F. Smith		2. DATE OF DEATH 5-23-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 15-06	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1921 Longwood St.		E. LENGTH OF STAY IN BALTIMORE Yrs. 0 Mos. 0 Days 0	
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 3, 1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Hdwre & Machinery	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ferdinand Smith		14. MOTHER'S MAIDEN NAME Annie Haberkorn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. George F. Smith, Jr.		ADDRESS bourne Rd. 3704 Winter-	

1B. 472.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congestive lit failure		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility			

19A. DATE OF OPERATION 3-16-51	19B. MAJOR FINDINGS OF OPERATION Unconcreted string, hernia	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-16, 1951** to **5-23, 1951**, that I last saw the deceased alive on **5-23, 1951**, and that death occurred at **2:55 P m.**, from the causes and on the date stated above.

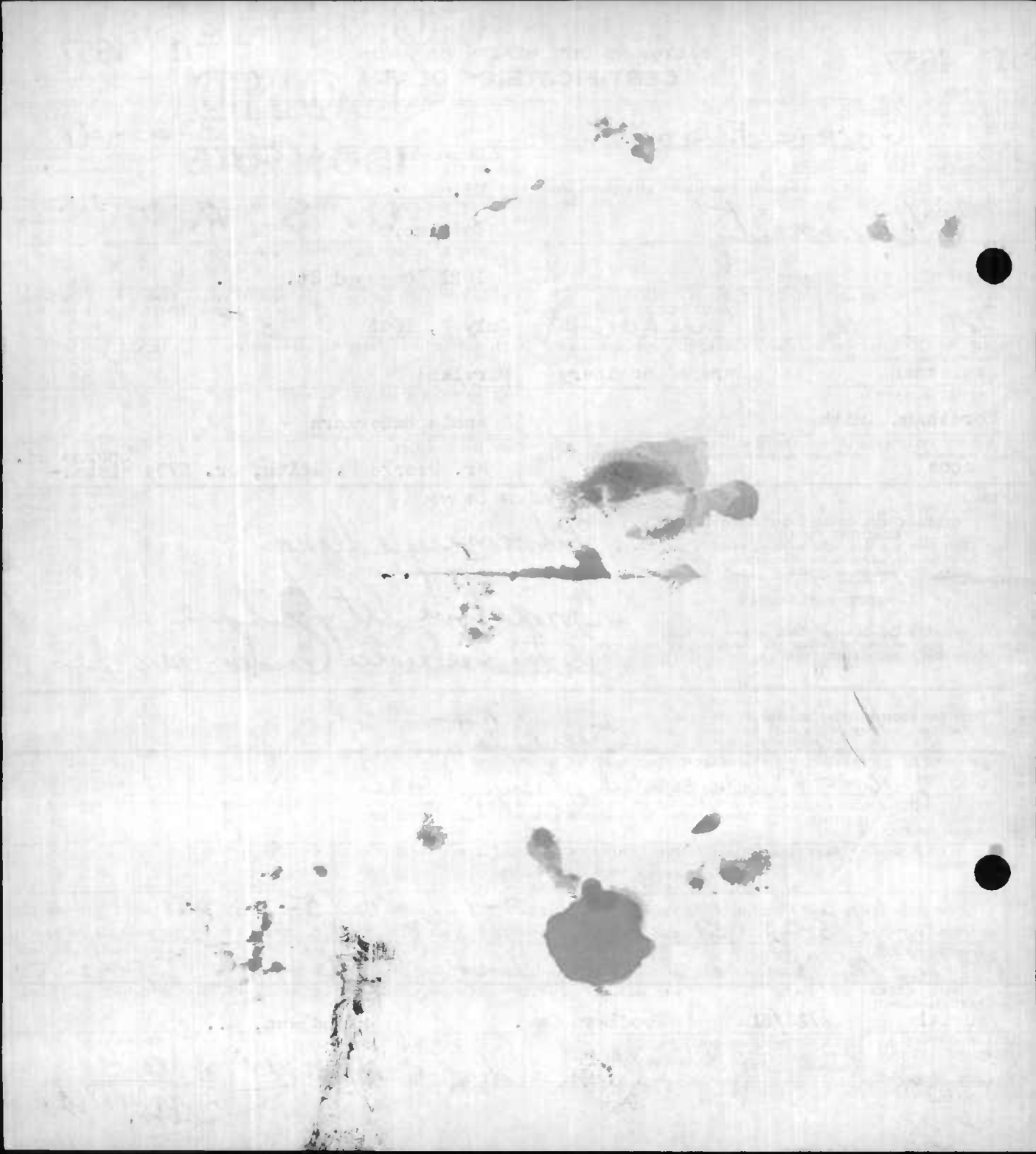
23A. SIGNATURE **Charles M. Hulebard** M. D. **University Hosp.** 23B. ADDRESS **University Hosp.** 23C. DATE SIGNED **5-23-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/26/51	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Wm. J. Lickner & Sons	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	ADDRESS 937 Balto. Md.
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MAY 24 1951

MEDICAL CERTIFICATION



252
51 4658
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4658

1. NAME OF DECEASED (Type or Print)		MARY CORNELIA BUCKMASTER		2. DATE OF DEATH May 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2604 E. Fayette St.		C. CITY OR TOWN Baltimore		6-02	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2604 E. Fayette St.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 12, 1859	9. AGE (In years last birthday) 91	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Alexander Buckmaster		14. MOTHER'S MAIDEN NAME Cornelia Ann Buckmaster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. none		17. INFORMANT Mr. Charles Buckmaster - 2604 E. Fayette St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Occlusion Cardio Vascular Disease Chr. Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 3 yrs.		19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? -		21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? -		22. I hereby certify that I attended the deceased from June 19 49 to May 22, 1951, that I last saw the deceased alive on May 22, 1951, and that death occurred at 4:20 P.m., from the causes and on the date stated above.		23A. SIGNATURE G. Geyer M.D.	
23B. ADDRESS 156 N. Meade St.		23C. DATE SIGNED 5/23/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 5/25/51		24C. NAME OF CEMETERY OR CREMATORY Christ Church Cemetery		24D. LOCATION (City, town, or county) (State) Mutual, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Tucker & Sons 937 Baltimore	

WATKINS
CONGRESS

12/30/71

320
4659
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4659
Registered No.

1. NAME OF DECEASED (Type or Print) MAE C. POTTS			2. DATE OF DEATH MAY 23, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3105 Tyndale Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3105 Tyndale Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 13, 1902	9. AGE (In years last birthday) 48	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		
11. BIRTHPLACE (State or foreign country) Schenectady, New York			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME William H. Fuller			14. MOTHER'S MAIDEN NAME Mae Flashover		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Mr. Harold J. Potts			ADDRESS 3105 Tyndale Avenue		

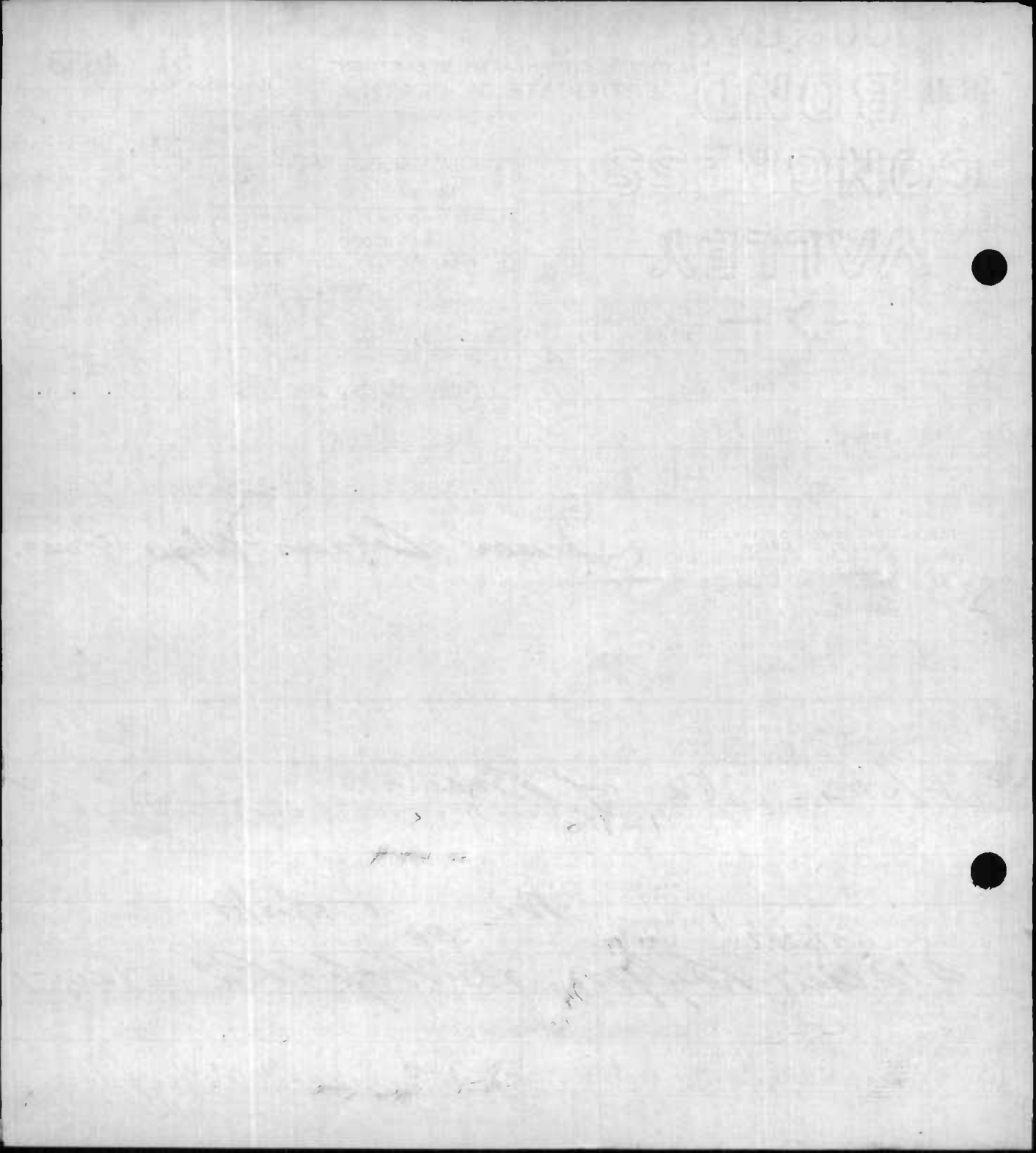
18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cause of Death Tumor - Brain - Malignant (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 8 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 5/50		19B. MAJOR FINDINGS OF OPERATION Cx of Brain		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 1950 , to 5/23/51 , 19__, that I last saw the deceased alive on 5/23/51 , 19__, and that death occurred at 3:00 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Walter R. Kufner		23B. ADDRESS 4331 Highland Rd		23C. DATE SIGNED 5/28/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 5-25-51	24C. NAME OF CEMETERY OR CREMATORY Vale Cemetery		24D. LOCATION (City, town, or county) (State) Schenectady, New York	

DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951	REGISTRAR'S SIGNATURE Walter R. Kufner	25. FUNERAL DIRECTOR W. J. Potts	ADDRESS 1400 North - North - North Ave Baltimore, Md
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VS 150
5413

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4660

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Evangelos Evangelos Moniodis		2. DATE OF DEATH 5/21/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY BALTO	
B. FULL NAME OF HOSPITAL OR INSTITUTION ST Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write B.U.A. and give township) BALTIMORE 25-08	
C. Length of stay in Baltimore Yrs. 1 Mos. 1 Days 1		D. STREET ADDRESS (If rural, give location) 600 PATAPSCO AVE.	
5. M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5/25/88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY Restaurant Owner	
11. BIRTHPLACE (State or foreign country) Greece		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Jessie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT John Moniodis - 600 PatapSCO Ave.		ADDRESS	

18. **420.1 and 177X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **5/24/51** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **5/3/51** to **5/21**, 1951, that I last saw the deceased alive on **5/21**, 1951, and that death occurred at **7:15** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1951

Wilmington, Delaware

Lambros Inc. 440 E. North Ave.

the class has been

MD BART
BARTIMORE

St. Johns Hospital

COO PATRICK H. COO

12/2/88

M W

RECEIVED A RETURNED CHECK GREEN

DESS

John Howard's Rec'd for

Generalary (rejection)

General and Historical

Government of

12/3/88
12/3/88

John D. [unclear]

12/3/88 12/3/88
12/3/88 12/3/88

51-1-3065
51 4661

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4661
Registered No. _____

1. NAME OF DECEASED (Type or Print) Jesse Goode Booker		2. DATE OF DEATH May 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore (Dundalk)	
Length of stay in Baltimore 9 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 730 New Pittsburg Avenue 5300	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1910
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10B. KIND OF BUSINESS OR INDUSTRY Tavern	9. AGE (In years last birthday) 41
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Beverly Booker		14. MOTHER'S MAIDEN NAME Ella Goode	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 125-05-8364	
17. INFORMANT Records* Balto. City Hospitals Eastern Ave		ADDRESS 4940	

MEDICAL CERTIFICATION

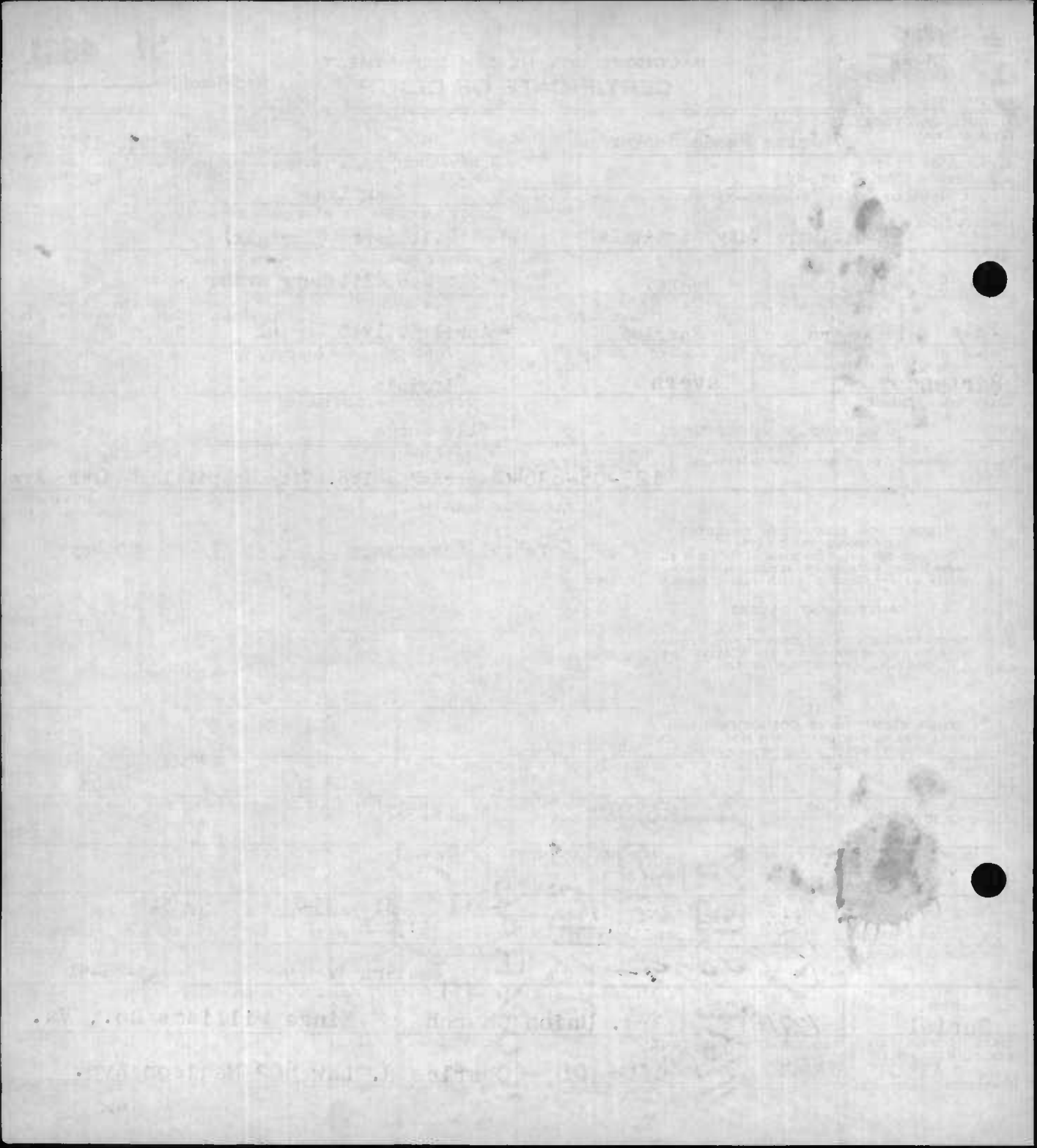
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 Days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-20 , 19 51 , to 5-22 , 19 51 , that I last saw the deceased alive on 5-22 , 19 51 , and that death occurred at 11:30 a.m. from the causes and on the date stated above.				
23A. SIGNATURE <i>W. C. Hogan</i> M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/27/51	24C. NAME OF CEMETERY OR CREMATORY 3rd. Union Church	24D. LOCATION (City, town, or county) (State) Kings Williams Co., Va.
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951	REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>	25. FUNERAL DIRECTOR Charles R. Law ADDRESS 802 Madison Ave.	

7506M

83a



51 4662
T-430BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4662

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD LEE TEAWALT

2. DATE
OF
DEATH

5-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

72 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired auditor

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elec Co.

13. FATHER'S NAME

John R. Teawalt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4905 Croxson Ave 27-11

8. DATE OF BIRTH

Dec 20, 1878

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sophia Young

17. INFORMANT

ADDRESS

18. 202.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PULMONARY INFARCTION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) LYMPHOMA, GENERALIZED

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1951, to 5-23, 1951, that I last saw the
deceased alive on 5-23, 1951, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beck

M. D.

23B. ADDRESS

Union Memorial H.

23C. DATE SIGNED

5-23-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/25/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto.

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

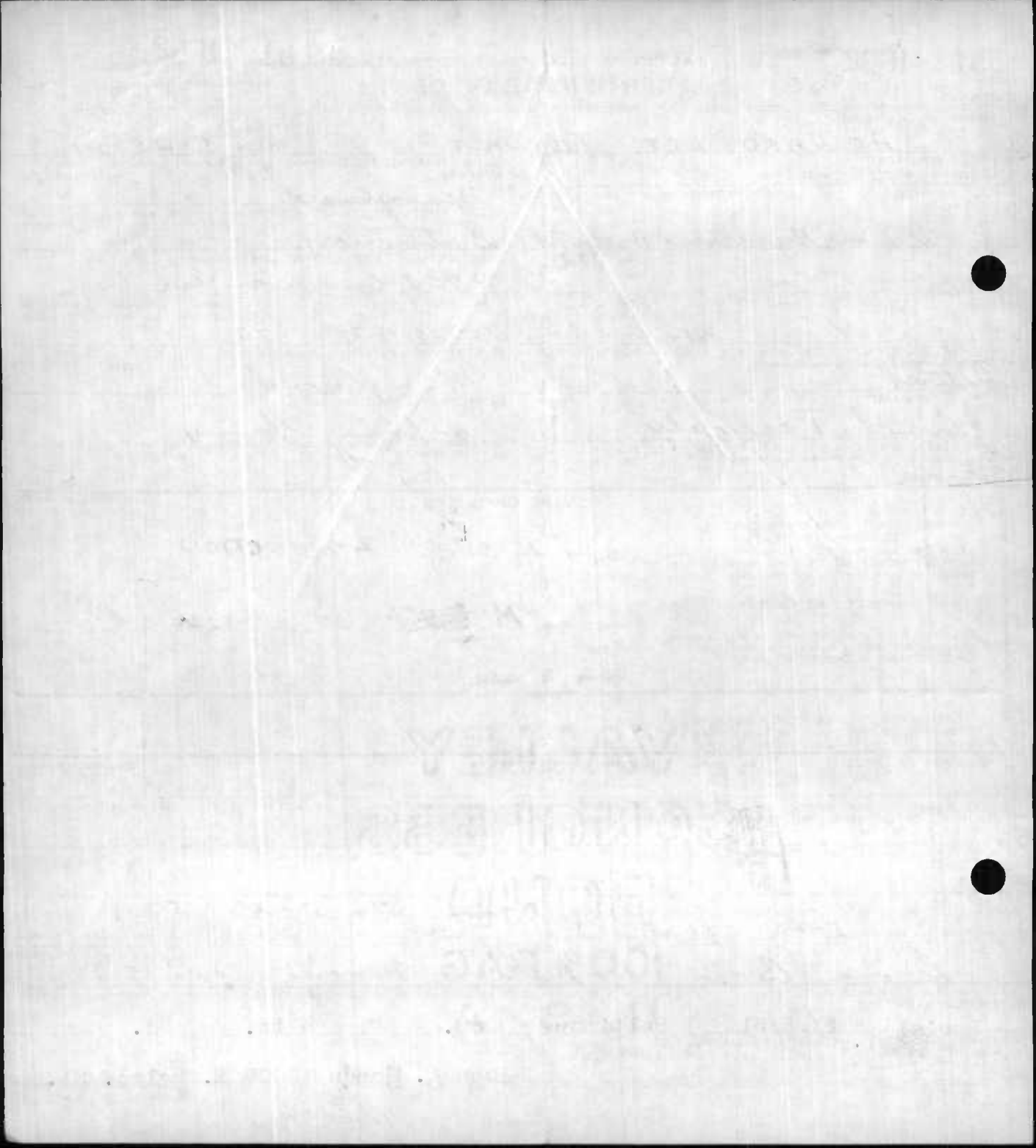
REGISTRAR'S SIGNATURE

John A. Morgan

25. FUNERAL DIRECTOR

ADDRESS

John A. Morgan 3000 E. Balto. St.



51

4663

BALTIMORE CITY HEALTH DEPARTMENT

51

4663

BIRTH NO.

R-26 50-01449
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Rogers, Karen			2. DATE OF DEATH May 23, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 6521 O'Donnell Street			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Fe.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 6, 1950		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME Aaron G. Rogers			14. MOTHER'S MAIDEN NAME Anita McGee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. John A. McGee			ADDRESS 616 N. Potomac St		

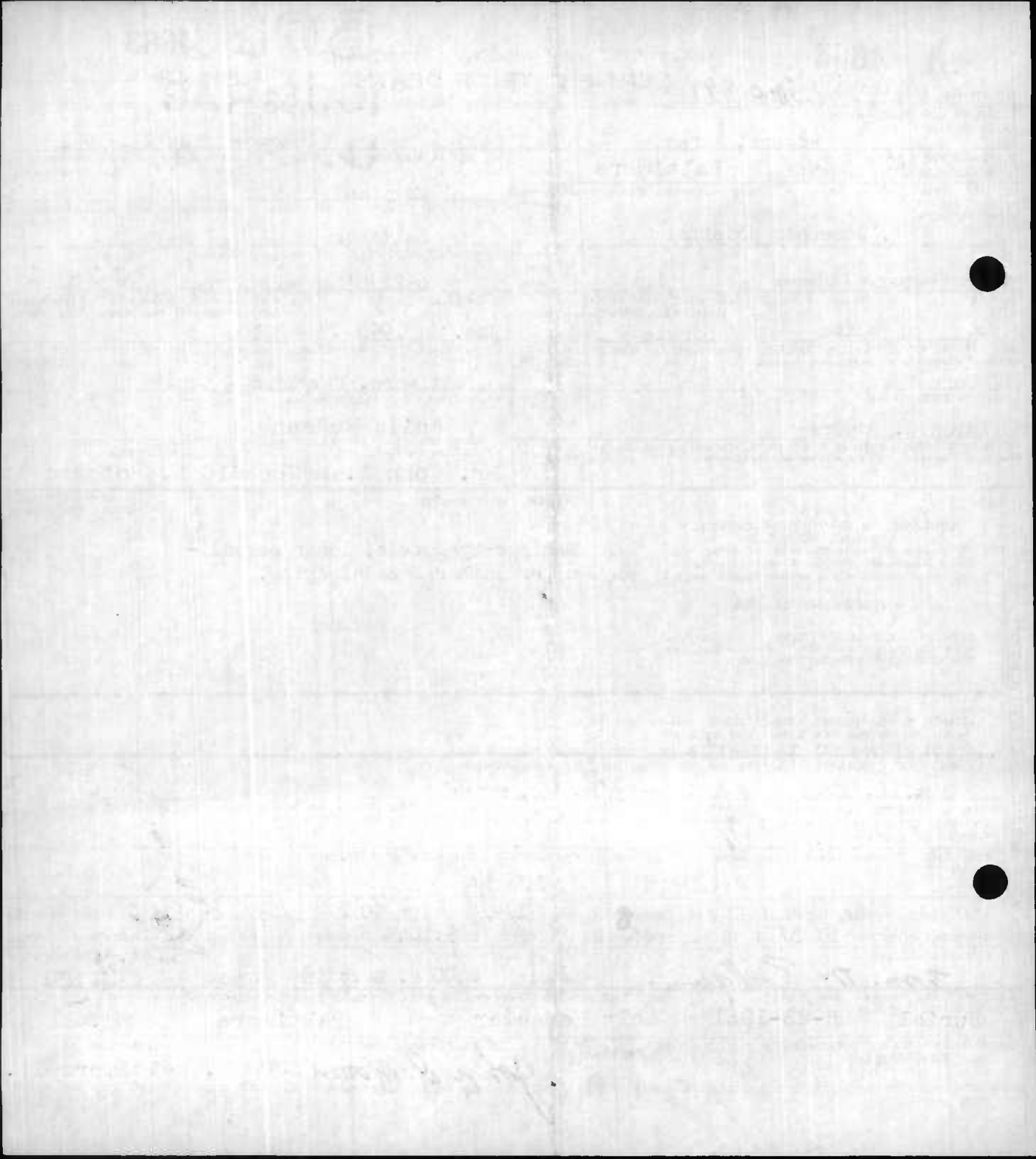
18. 751X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Meningo-Myelocoele, lower dorsal - upper lumbar area of spine.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Meningo-Myelocoele, lower dorsal - upper lumbar area of spine. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Feb. 16, 1950	19B. MAJOR FINDINGS OF OPERATION Meningo-Myelocoele, spine	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1/9/ , 19 50 to 5/23/ , 19 51 , that I last saw the deceased alive on 5/23/51 , 19 51 , and that death occurred at 9:10AM. , from the causes and on the date stated above.		
23A. SIGNATURE Wm. D. Rodgers	23B. ADDRESS 1400 N. Caroline Street	23C. DATE SIGNED 5/23/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-23-1951	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) Baltimore Md.		25. FUNERAL DIRECTOR John A. McGee
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		ADDRESS 3000 E. Baltimore St.

VS 150

157B

MEDICAL CERTIFICATION



51 4664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4664

Registered No.

BIRTH NO.

m-235

1. NAME OF DECEASED
(Type or Print)

McDonald, Alice

2. DATE

OF

DEATH May 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

804 Somerset Street

Length of stay in Baltimore

27yr.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 7, 1886

9. AGE (In years last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

WALTER W. INGRAM

14. MOTHER'S MAIDEN NAME

Mary INGRAM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Husband

ADDRESS: 804 Somerset St

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/13/1951 to 5/21/1951 that I last saw the deceased alive on 5/21/1951 and that death occurred at 12:05 PM from the causes and on the date stated above.

23A. SIGNATURE

Thaddaea Siwinski

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

5/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Payner Sanders 830
1412 E Preston St

R.C.A.

MASSACHUSETTS

MASSACHUSETTS

TO THE SECRETARY
OF THE BOARD OF REGISTRATION

RECEIVED

MASSACHUSETTS
RECEIVED
MASSACHUSETTS
RECEIVED

51 4665
BIRTH NO. m-221BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4665
Registered No.

1. NAME OF DECEASED (Type or Print) Francis X McCubbin		2. DATE OF DEATH 5-22-1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 803 McCABE AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore 48 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1217 W. 40 ST 13-08	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-14-1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RODMAN, CONSTRUCTION ENGINEERING		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 48
13. FATHER'S NAME William J. McCubbin		11. BIRTHPLACE (State or foreign country) BALTIMORE Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? U. SA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Isabell M. Mullen	
17. INFORMANT CATHERINE E. McCubbin		ADDRESS 1217 W. 40 ST	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Glomerulonephritis DUE TO uremia	CAUSE OF DEATH (A) Chronic Glomerulonephritis DUE TO uremia (B) Hypertensive Cardio-vascular Disease DUE TO vascular Disease (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 1951**, to **May 22, 1957**, that I last saw the deceased alive on **May 22, 1957**, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Wm. H. Kanner, Jr.		23B. ADDRESS 501 Sheridan Ave.		23C. DATE SIGNED May 24, 1957	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-26-1957		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEMETERY	
24D. LOCATION (City, town, or county) (State) BALTIMORE Md		25. FUNERAL DIRECTOR Edward W. Conklin		ADDRESS 924 E. Eager St.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1957		REGISTRAR'S SIGNATURE [Signature]		VS 150 97024 131 B	

Dr. Wm. Hammer
509 Sheridan Ave

51 4666

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 51 4666
Registered No.

BIRTH NO.

M- 226

1. NAME OF DECEASED
(Type or Print)SMITH
MRS. ELLA M^c CRYSTLE2. DATE
OF
DEATH

5/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION

BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

TOWSON

D. STREET ADDRESS (If rural, give location)

404 W JOPPA ROAD. 5300

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

HOUSE WORK

AT HOME.

13. FATHER'S NAME

J. BROOKE SMITH.

14. MOTHER'S MAIDEN NAME

ELLA MARY ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE.

17. INFORMANT

ADDRESS

FRANK C McCRYSTLE 404 W JOPPA RD.

18. 170X 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma Breast

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

1949

19B. MAJOR FINDINGS, OF OPERATION

Carcinoma breast

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14/1951 to 5/22/1951, that I last saw the
deceased alive on 5/22/1951 and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Mohler

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

5/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

MAY 25 1951

MONTA MARIA CEMETERY

YORK RD. TOWSON

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Doppel Bros 1800 E Lombard St

24 5091 0 10/10

2

500

FRANK C. MCINTYRE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4667**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN T. TILLMAN			2. DATE OF DEATH May 23, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, give rural and give township) Baltimore 19-03		
D. STREET ADDRESS (If rural, give location) 4 S. Carey Street			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18, 1922	9. AGE (In years last birthday) 29	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver			10B. KIND OF BUSINESS OR INDUSTRY Maryland Contractors		
11. BIRTHPLACE (State or foreign country) Waynesboro, Virginia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Herman Tillman			14. MOTHER'S MAIDEN NAME Ida Minter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes			16. SOCIAL SECURITY NO. 229-14-6913		
17. INFORMANT Ruth E. Tillman, 4 S. Carey Street			ADDRESS		

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

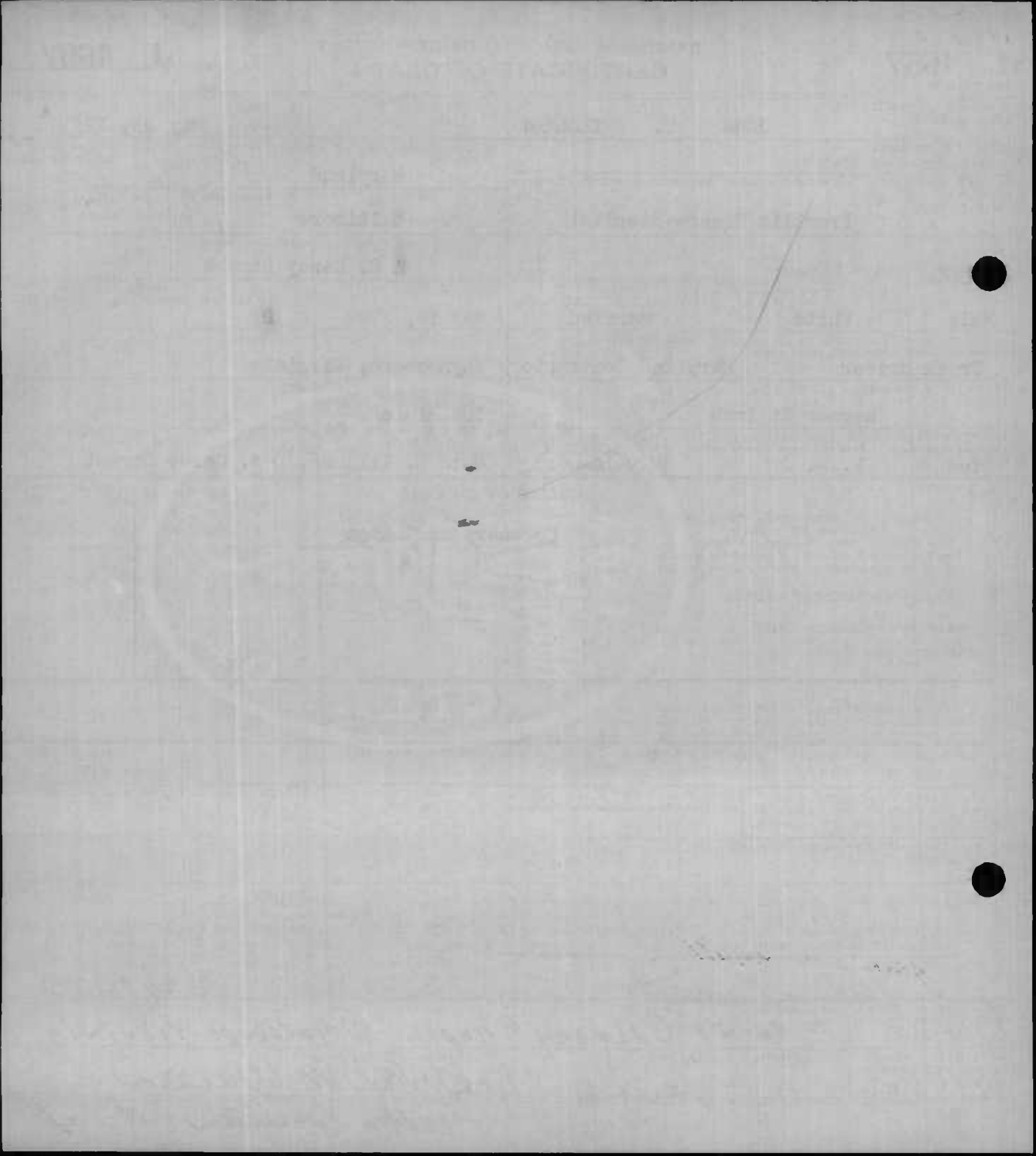
22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED May 24, 1951
---	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5-26-51	24C. NAME OF CEMETERY OR CREMATORY CALVARY Chapel	24D. LOCATION (City, town, or county) (State) Waynesboro Virginia
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Pratt & [Signature]	ADDRESS 944 [Address]
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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4668**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HAROLD H. WOLF

2. DATE
OF
DEATH

May 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1003 S. Carey Street

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 17, 1911

9. AGE (In years last birthday)

40

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffer foreman

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Wolf

14. MOTHER'S MAIDEN NAME

Theodosia Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

220-14-2168

17. INFORMANT

ADDRESS

Thelma D. Wolf, 1003 S. Carey Street

18. **E935.8**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Electrocution**

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ONE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

City fill

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

North of 6300 block of Pulaski Highway

21D. TIME (Month) (Day) (Year) (Hour)

May 23, 1951 5:00 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Struck by lightning

26/44

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Wolf

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
May 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-26-51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 24 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Pratt & Sons

ADDRESS

VS 151

11-912.2

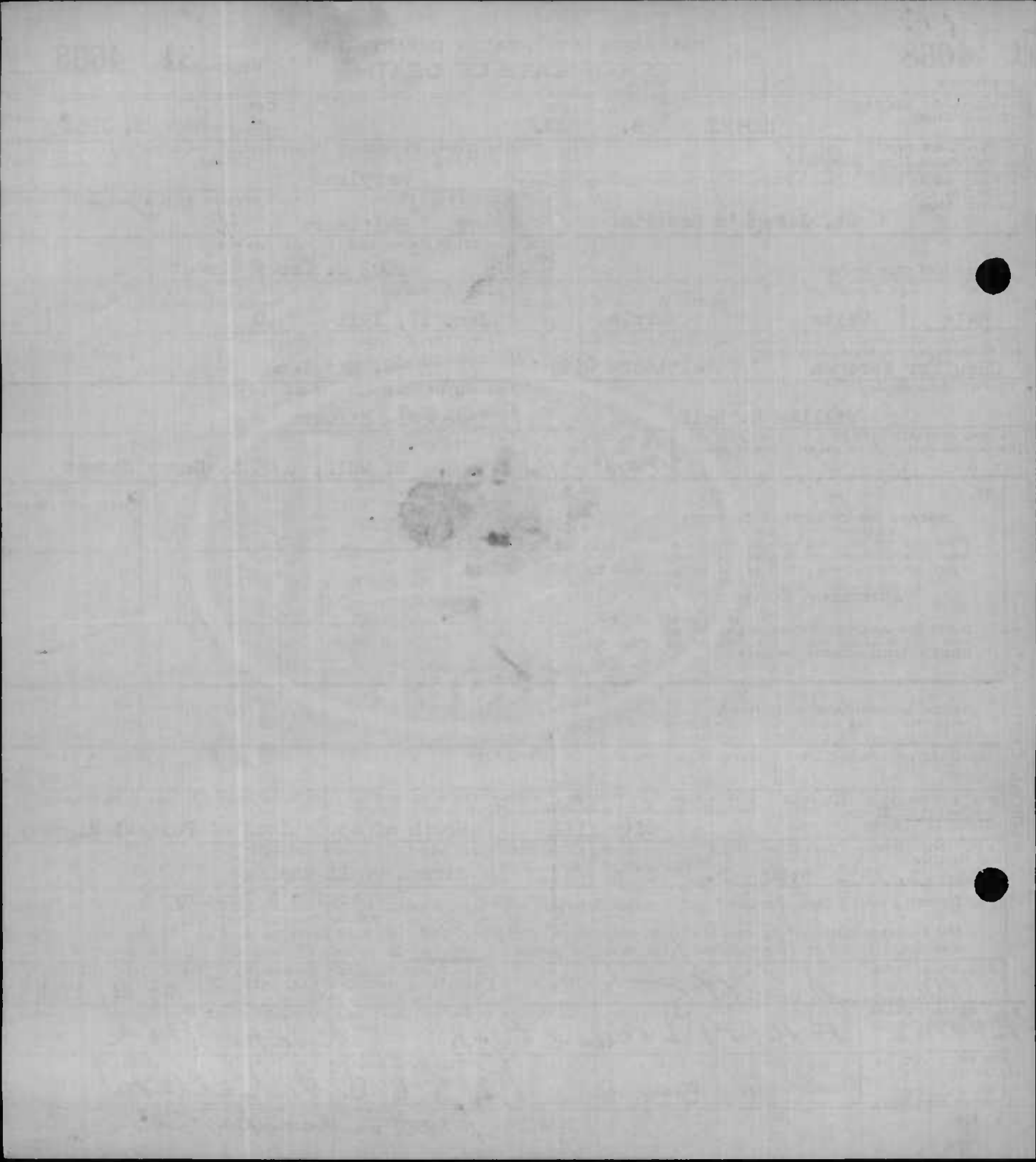
68293

Pratt & Sons

192

✓

MEDICAL CERTIFICATION



250772
51 4669BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4669

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Glanville Jackson

2. DATE
OF
DEATH

5-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

122 S. Milton Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 19, 1875

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Jackson

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave.

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23, 1951, to 5-24, 1951, that I last saw the
deceased alive on 5-24, 1951, and that death occurred at 2:50 A., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Rozen M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-28-51

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county)

BALTO Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. H. H.

25. FUNERAL DIRECTOR

R. C. Walters

ADDRESS

3512 Frederick Ave
94a

126-146171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4670

51 4670
BIRTH NO.

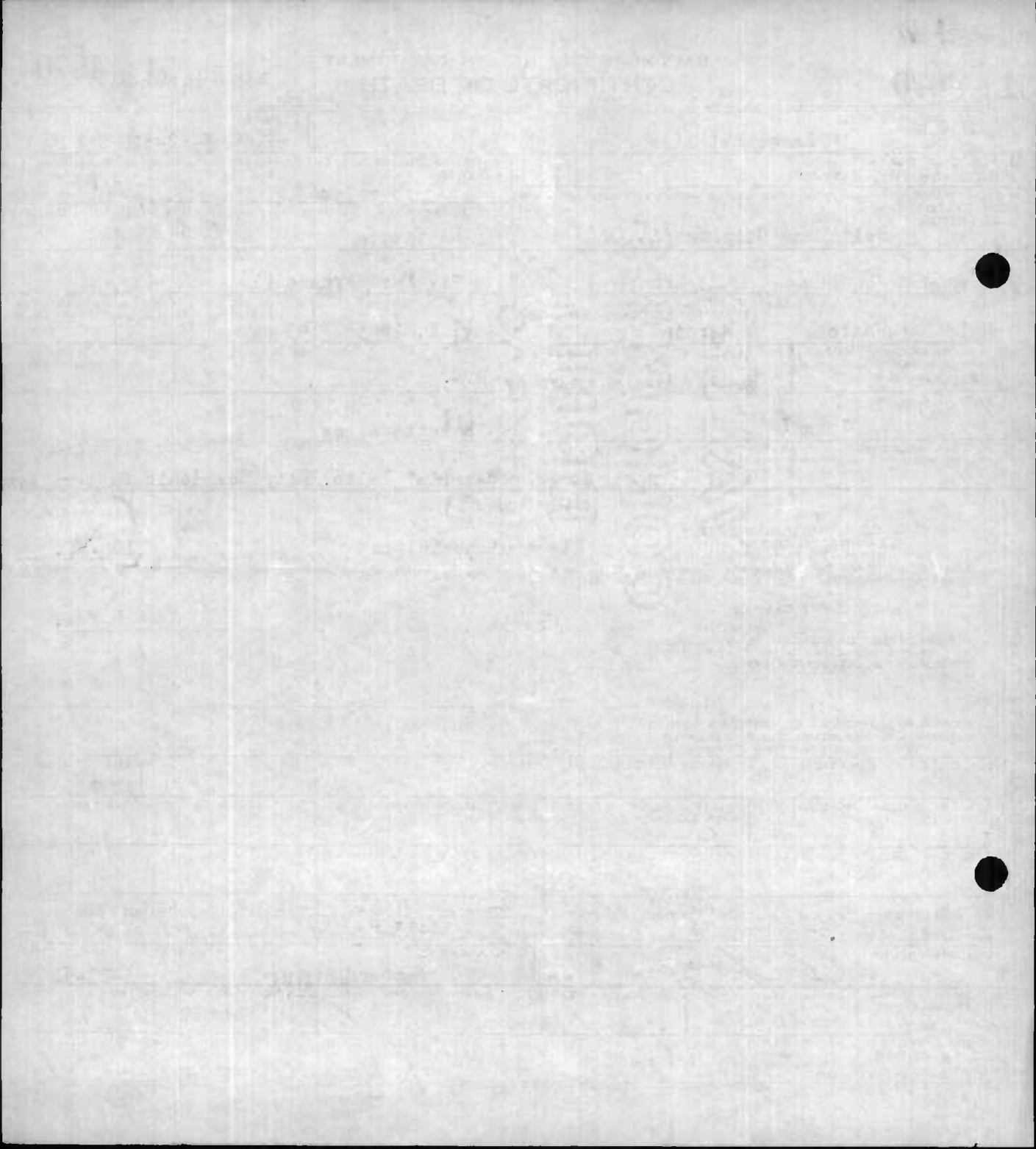
1. NAME OF DECEASED (Type or Print) James Phillios			2. DATE OF DEATH 5-22-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 317 Park Avenue (1)			E. LENGTH OF STAY IN BALTIMORE 25 Yrs Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1, 1905		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10B. KIND OF BUSINESS OR INDUSTRY Empire Construction Co.		11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME John ?		
14. MOTHER'S MAIDEN NAME Rosetta Aires			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. 218-03-2096			17. INFORMANT ADDRESS 4940 Records* Balto. City Hospitals Eastern Ave		

18. 592x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Glomerulonephritis DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH 10 Yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uremia DUE TO (B)		4 Wks.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-22		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-21 , 19 51 , to 5-22 , 19 51 , that I last saw the deceased alive on 5-22 , 19 51 , and that death occurred at 11:15 P. from the causes and on the date stated above.					
23A. SIGNATURE J. S. Clozen M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-23-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/25/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Parkville Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		REGISTRAR'S SIGNATURE Wm. G. Williams, M.D.		25. FUNERAL DIRECTOR Wm. G. Williams, M.D.		ADDRESS 1217 St. Paul St.	
VS 150		51024		4862		131B	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4671**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Mary Borman

2. DATE OF DEATH **5-23-51**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.D. No. and give township)
Balto.

D. STREET ADDRESS (If rural, give location)
4206 Euclid Ave.

5. SEX *Female*

6. COLOR OR RACE *White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH *May 23, 1887*

9. AGE (in years last birthday) *64 y.*
If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sales Lady

10B. KIND OF BUSINESS OR INDUSTRY
New Shoe Store

11. BIRTHPLACE (State or foreign country)
Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
John Borman

14. MOTHER'S MAIDEN NAME
Mary Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
215-03-8300

17. INFORMANT ADDRESS
Mary E. O'Leary, 4206 Euclid Ave.

18. *153x*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Metastatic Carcinoma*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-6*, 19*51*, to *5-23*, 19*51*, that I last saw the deceased alive on *5-23*, 19*51*, and that death occurred at *3:20 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE
W. J. J. J.

23B. ADDRESS
Bon Secours Hospital

23C. DATE SIGNED
5-23-51

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

24B. DATE
5/26/51

24C. NAME OF CEMETERY OR CREMATORIUM
London Park

24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
MAY 24 1951

REGISTRAR'S SIGNATURE
W. J. J. J.

25. FUNERAL DIRECTOR ADDRESS
Wm. Cook, Inc., 1217 St. Paul St.

MEDICAL CERTIFICATION

For Statistical purposes ONLY!

"Cancer of ascending colon, removed 13 years ago"

Anatomical location as of time of death "Biopsy of cervical gland-- metastatic"

See Document File 51-4671

6/12/51

ES

→

452
1 4672BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4672

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>(GROVER C. WILLIAMSON)</i> <i>Grover Williamson</i>			2. DATE OF DEATH <i>5-22-51</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>40</i>			d. STREET ADDRESS (If rural, give location) <i>807 Gorsuch Ave.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>divorced</i>	8. DATE OF BIRTH <i>Mar. 27, 1886</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>			11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		
10b. KIND OF BUSINESS OR INDUSTRY <i>building</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>William Williamson</i>			14. MOTHER'S MAIDEN NAME <i>Elaine ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>217-20-5996</i>		
17. INFORMANT <i>Mrs. Doris E. Fitch</i>			ADDRESS <i>807 Gorsuch Ave.</i>		

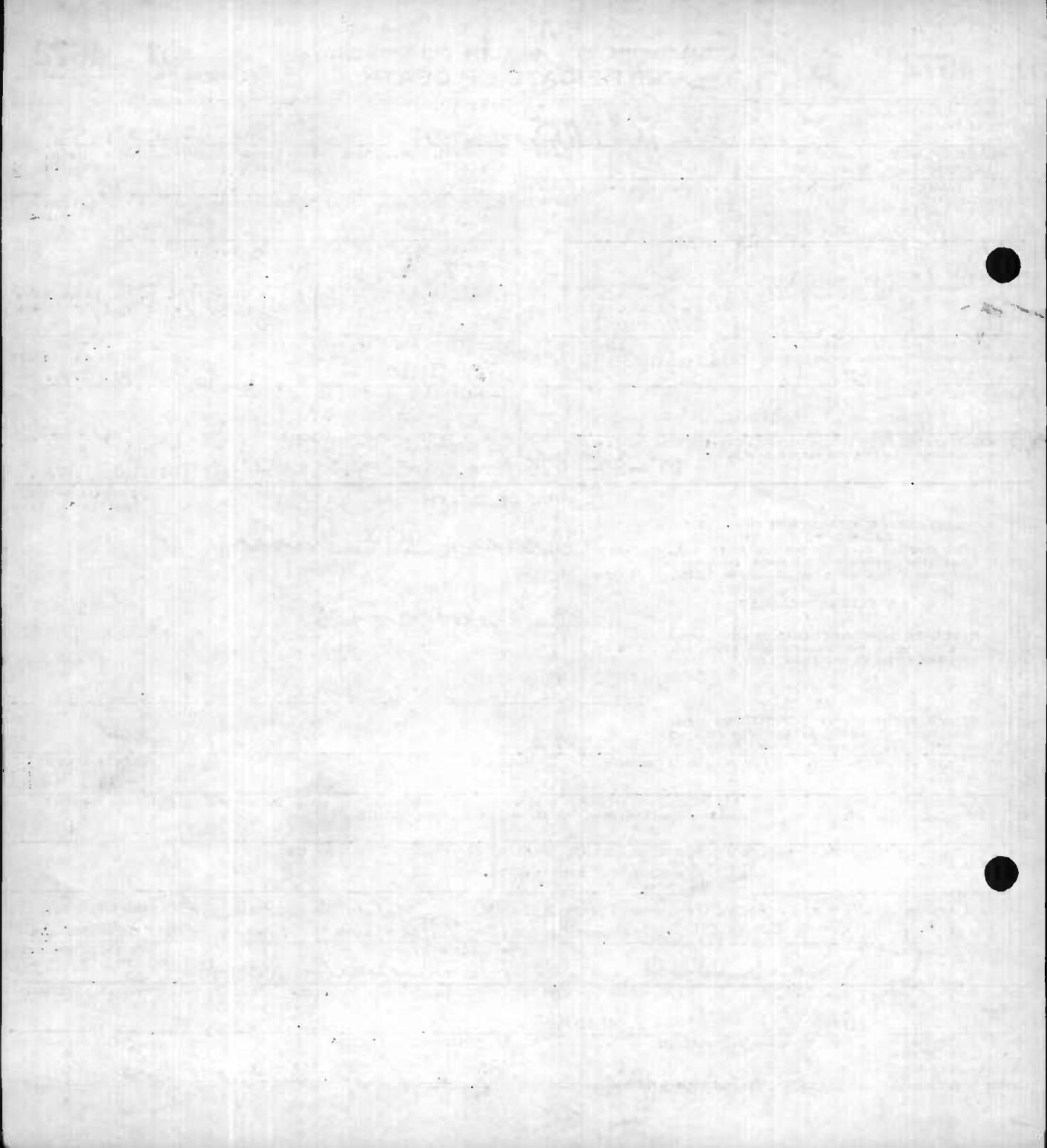
MEDICAL CERTIFICATION	18. <i>420.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO <i>arteriosclerosis</i> DUE TO <i>(C)</i>		INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION <i>0</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-19* 19*51*, to *5-22*, 19*51*, that I last saw the deceased alive on *5-22*, 19*51*, and that death occurred at *4:30* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. J. Broadley</i> M. D.		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>5-22-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/25/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 24 1951</i>	REGISTRAR'S SIGNATURE <i>Montgomery Williams</i>		25. FUNERAL DIRECTOR <i>H. Sander & Sons, Inc.</i> ADDRESS <i>Baltimore, Md.</i>		

51024

94a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4673

BIRTH NO. 4673

1. NAME OF DECEASED
(Type or Print)

Helen Schneider

HELEN C. SCHNEIDER

DATE OF DEATH

5/24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Anne Arundel

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

434 Shipley Rd. Linthicum

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11/11/1899

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

51

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Kempson M. Pyle

14. MOTHER'S MAIDEN NAME

Bertha Bond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT ADDRESS

Mr. Henry P. Schneider

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhage

DUE TO

5-6 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Secondary anemia

DUE TO

(C) Annular carcinoma of stomach

unknown

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Terminal non-specific peritonitis left

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1951 to 5/24, 1951, that I last saw the deceased alive on 5/24, 1951, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Marquette Louisa Candler

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

5/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/26/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC

ADDRESS

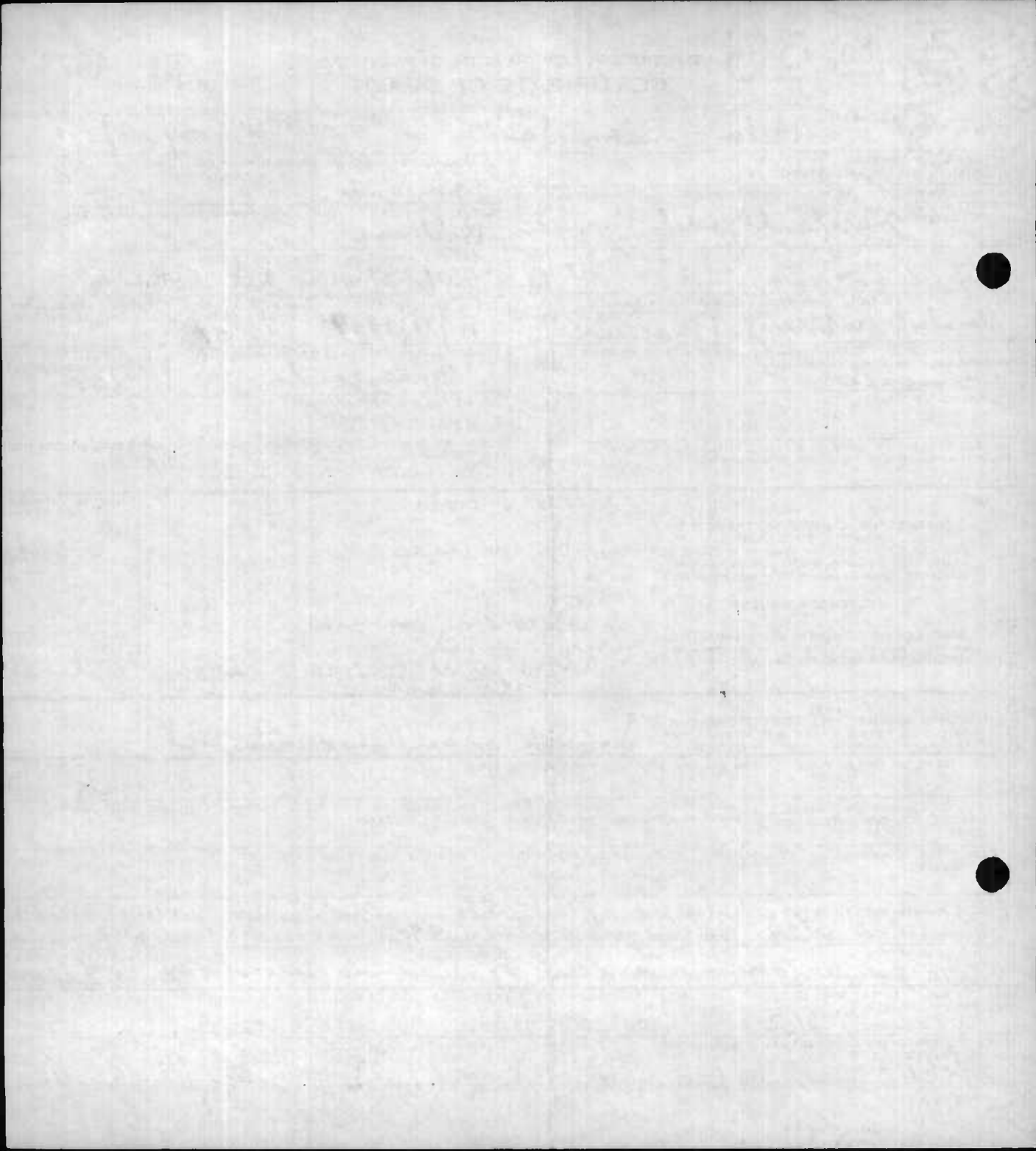
BALTO. 635 MD.

Secy. A. Sander

VS 150

46 B

MEDICAL CERTIFICATION



163
1 4674BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4674

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA LOUISE SEIFERT

2. DATE
OF
DEATH May 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00 4212 Shamrock Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 13, 1876

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Missell

14. MOTHER'S MAIDEN NAME

Hilda Dorsch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 4212 Shamrock Avenue 6
Miss Wilma E. Seifert

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Hemorrhage

18 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 49 to April, 1951, that I last saw the
deceased alive on May 20, 1951, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 24 1951

VS 150

HENRY SANDER & SONS, INC.

BALTO. 616 W. Perry St.

ADDRESS

BALTO. 616 W. Perry St.

131a

220
51 4675BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4675

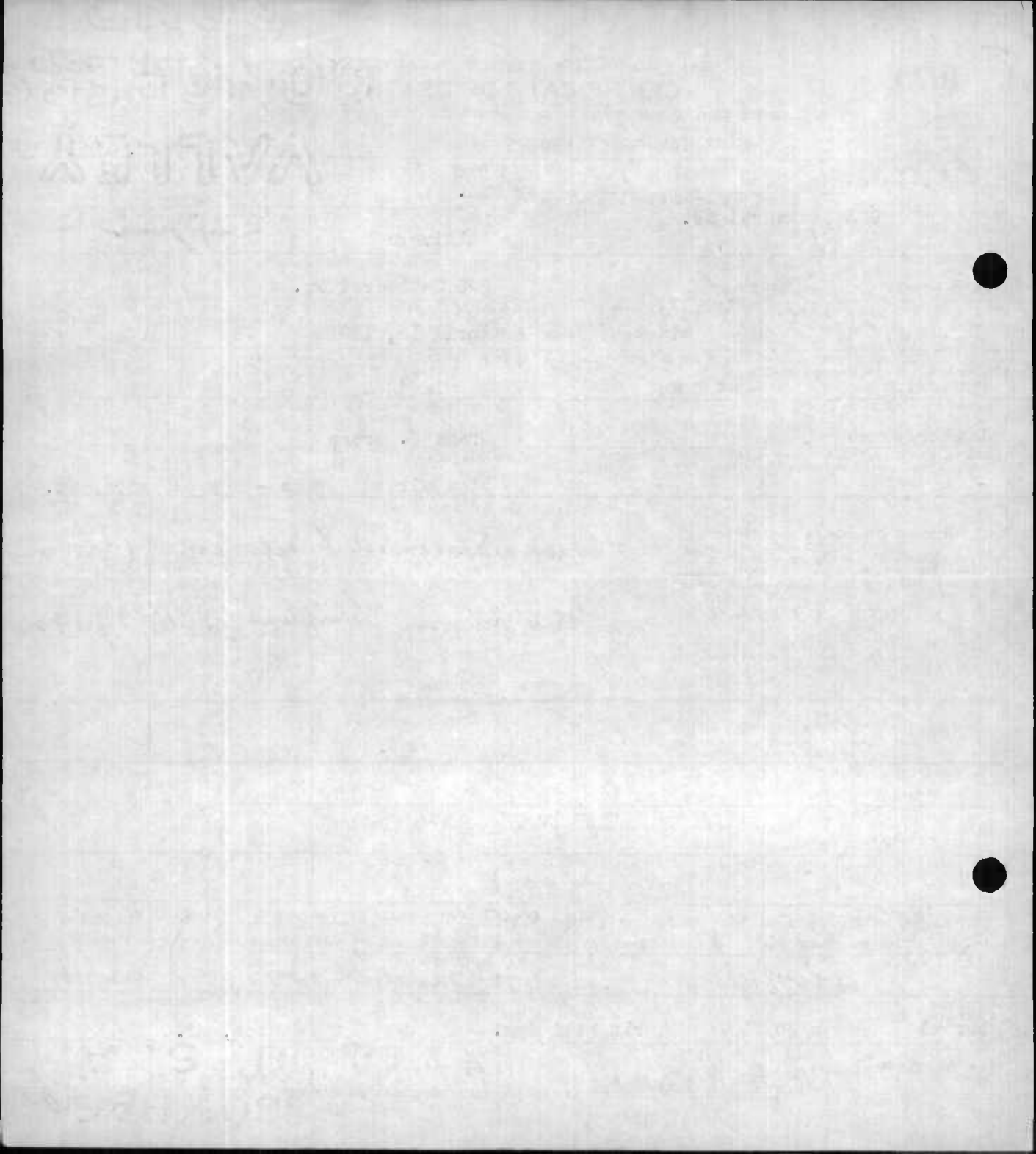
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MIRIAM GRACE HUGHES		May 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 903 Cathedral St.		A. STATE Md. B. COUNTY	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write BURIAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 903 Cathedral St.		D. DATE OF BIRTH	
5. SEX male FEMALE		9. AGE (In years last birthday) 79	
6. COLOR OR RACE white		11. BIRTHPLACE (State or foreign country) Maryland	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
13. FATHER'S NAME Luther Grace		14. MOTHER'S MAIDEN NAME Grace P. Grace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Miss Miriam Hughes - 903 Cathedral St.	

18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Chronic Myocardial Insufficiency DUE TO (B) Arterio Sclerosis - Hemiplegia (Rt. side) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 yr 11 mos. 9 yrs 8 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept 14, 1942, to May 22, 1951, that I last saw the deceased alive on May 22, 1951, and that death occurred at 2:50 m., from the causes and on the date stated above.		
23A. SIGNATURE Geo. Billups	23B. ADDRESS M. D. 504 Mundock Road	23C. DATE SIGNED 5-24-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/25/51	24C. NAME OF CEMETERY OR CREMATORY Springhill Cem.
24D. LOCATION (City, town, or county) (State) Easton, Md.		

DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR J. F. Dickner & Sons - Balt	ADDRESS 937 Md.
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4676**

200
1 4676

1. NAME OF DECEASED (Type or Print) AZULA RUTH MOSS		2. DATE OF DEATH May 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 16-08	
B. FULL NAME OF HOSPITAL OR INSTITUTION 611 N. Augusta Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. 00 Mos. 00 Days 00		D. STREET ADDRESS (If rural, give location) 611 N. Augusta Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 24, 1902
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		9B. KIND OF BUSINESS OR INDUSTRY Hospital	9. AGE (In years last birthday) 49
10A. DURING MOST OF WORKING LIFE, EVEN IF RETIRED		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Turner A. Moss		14. MOTHER'S MAIDEN NAME Marie Bagnell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Thelma Denis - 409 Chapel Gate Lane		ADDRESS	

18. 176X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Basal Cell Carcinoma of Labia (A) Basal Cell Carcinoma of Labia DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 yr
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 10 August '50	19B. MAJOR FINDINGS OF OPERATION Basal Cell Carcinoma of Labia
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 8, 1951**, to **23 May, 1951**, that I last saw the deceased alive on **22 May, 1951**, and that death occurred at **4:35 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Jahna Heston, Jr.	23B. ADDRESS 20 E. Preston St. - Apt. 2, Ind.	23C. DATE SIGNED 27 May 51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/26/51	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	25. FUNERAL DIRECTOR Wm. J. Pickney & Sons - 495 East Md.	

MEDICAL CERTIFICATION

U S N

BOND

COMPANIES

WELLS

2 W-300
51 4677BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4677
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Delmore M. White

2. DATE
OF
DEATH

May 23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1404 Hollins St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1404 Hollins St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Single DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR

INDUSTRY Md. Casualty Co.

13. FATHER'S NAME

Thomas White

8. DATE OF BIRTH

March 19, 1901 50

9. AGE (in years last birthday)

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Nellie Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212 10 3297

17. INFORMANT

ADDRESS

Mrs. Nellie White, 1404 Hollins St.

18. 410X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1951, to May 22, 1951, that I last saw the deceased alive on May 22, 1951, and that death occurred at 7:22 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

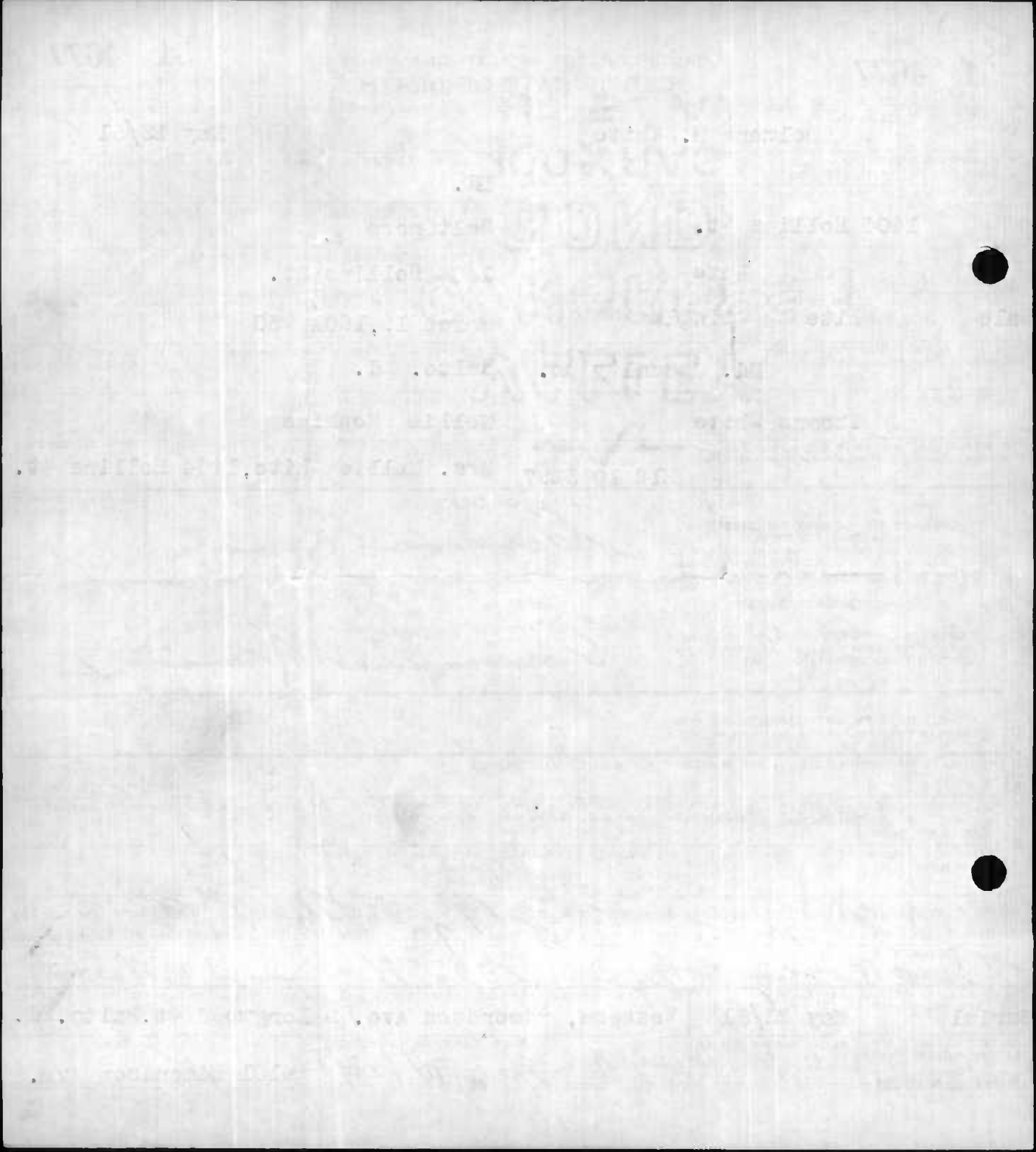
ADDRESS

MAY 24 1951

VS 150

350 73

92c



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4678

300
51 4678
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

HYATT, EDGAR C

2. DATE
OF
DEATH

5-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1890

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hospital Attendant

10B. KIND OF BUSINESS OR
INDUSTRY

Spring Grove Hosp.

13. FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

-

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Spring Grove Hosp. Catonsville Md

18. 153X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Carcinoma Colon - Anaplastic
DUE TO E peroperative cancer and
generalized peritonitis
(B)
DUE TO
(C)
INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Atelectasis Rt base, Subdiaphragmatic
abscess

19A. DATE OF OPERATION

5-8-51

19B. MAJOR FINDINGS OF OPERATION

C. Descending colon

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., home or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6, 1951, to 5-19, 1951, that I last saw the
deceased alive on 5-18, 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Annie R. Mansberger, M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5-19-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 25/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry N. W. Tyler 4101 Edmonson Ave



460
AB- 147838
51 4679
BIRTH NO.

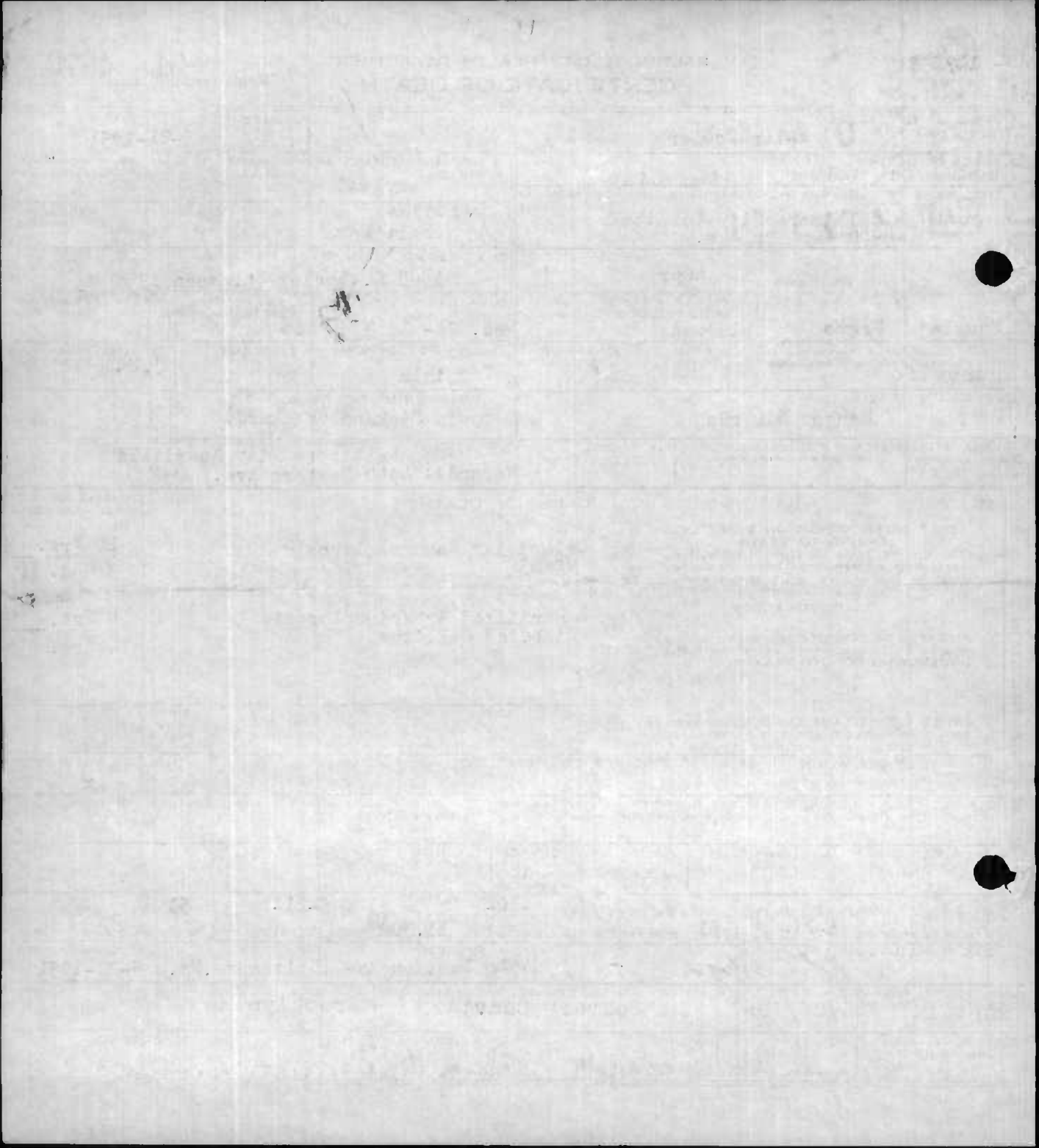
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4679

1. NAME OF DECEASED (Type or Print) Helen Fowler		2. DATE OF DEATH 5-21-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1508 N. Spring St. zone 13	
5. SEX Female		6. COLOR OR RACE Negro	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 24- 1884	
9. AGE (In years last birthday) 66		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF U.S. WHAT COUNTRY?	
13. FATHER'S NAME Hanson Edwards		14. MOTHER'S MAIDEN NAME Susie Pinkand (Pinker)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			

18. 760X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriolar Nephrosclerosis Uremia DUE TO (A) Generalized Arteriosclerosis Diabetes Mellitus DUE TO (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 14 Yrs. 3 Mos. 14 Yrs. 14 Yrs.
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19A. DATE OF OPERATION 5-21-1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-20- , 19 51 to 5-21- , 19 51 , that I last saw the deceased alive on 5-21- , 19 51 , and that death occurred at 11.30 AM , from the causes and on the date stated above.					
23A. SIGNATURE H. Stogor		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 5-22-1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/25/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	
24D. LOCATION (City, town, or county) Brooklyn Md		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951		24F. REGISTRAR'S SIGNATURE John Williams, M.D.	
24G. FUNERAL DIRECTOR Edna G. Wilson		24H. ADDRESS 1000 Beatty Ave		24I. VS 150	



535
51 4680BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4680

1. NAME OF DECEASED (Type or Print) <i>Maggie Green Snowden</i>			2. DATE OF DEATH <i>May 22 1957</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>5-02</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>314 Forrest Street</i>			E. LENGTH of stay in Baltimore <i>Life</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 3-1901</i>	9. AGE (in years last birthday) <i>49</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Ann Arundle Co. Md.</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		
13. FATHER'S NAME <i>Rudolph Snowden</i>			14. MOTHER'S MAIDEN NAME <i>Gertrude Jackson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Gertrude Hartley 314 Forrest St.</i>			ADDRESS		

18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Esophagus</i> DUE TO (A) <i>Carcinoma of Esophagus</i> (B) <i>Antecedent Causes</i> (C) <i>Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last.</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <i>May 22 1957</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/26/1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 24 1957</i>		REGISTRAR'S SIGNATURE <i>William V. [Signature]</i>		25. FUNERAL DIRECTOR <i>Elmer H. [Signature]</i>	
25. ADDRESS <i>1000 [Signature]</i>					

1870

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11

11



160
51 4681

51 4681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Albert + Cooper</i>		2. DATE OF DEATH <i>May 22, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt. city</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>833 W. Fairmount Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 18-01</i>	
c. Length of stay in Baltimore <i>20 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>833 W. Fairmount Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 17, 1903</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>In General</i>	9. AGE (In years, last birthday) <i>48</i>
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Cooper</i>		14. MOTHER'S MAIDEN NAME <i>Aida Terry</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-10-1607</i>	17. INFORMANT <i>Annie Young</i>
		ADDRESS <i>833 W. Fairmount</i>	

18. <i>H90X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Lung Abscess.</i> ANTECEDENT CAUSES DUE TO (B) <i>Lobar Pneumonia</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i> <i>Unknown</i>
--	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 9*, 1951, to *May 21*, 1951, that I last saw the deceased alive on *May 21*, 1951, and that death occurred at *2:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Reynold Blizler</i>	23B. ADDRESS <i>501 Cherry Hill Road</i>	23C. DATE SIGNED <i>5-22-1951</i>
--	---	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/26/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Int Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 24 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>Elroy Wilson</i>	ADDRESS <i>1001 Brantley Ave</i>

VALLEY

WATER

CONCRETE

WORKS

236
1 4682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4682

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rosa Osterling		2. DATE OF DEATH 5/22/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4212 PARKMONT AVE Hamilton Arms Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 642 E. 37th St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 29, 1857
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 93
13. FATHER'S NAME Joseph Breiter		12. CITIZEN OF WHAT COUNTRY? Austria	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs Marie Targarona		ADDRESS 642 E. 37th St.	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

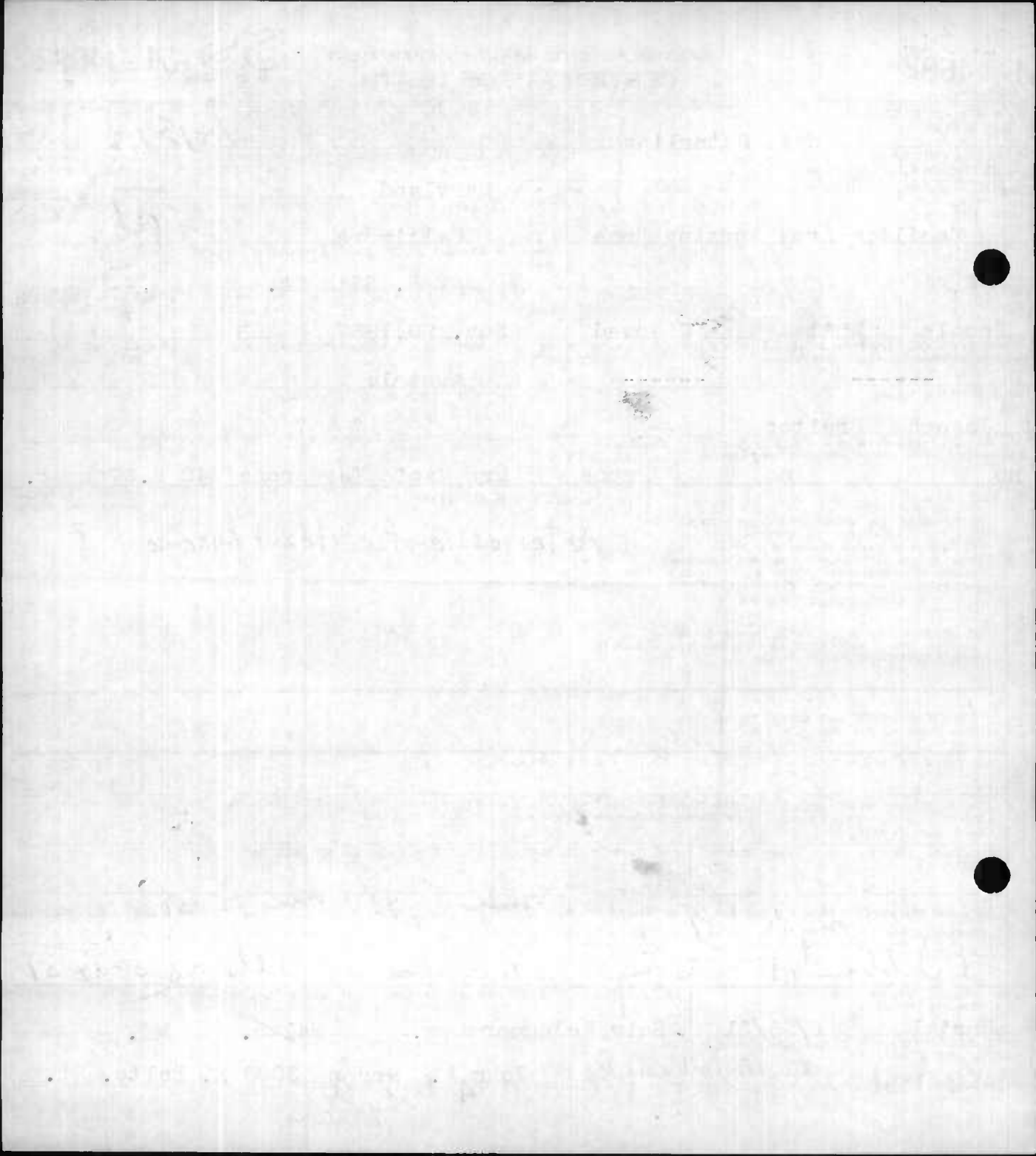
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 19, 1951 to May 22, 1951 , that I last saw the deceased alive on May 20, 1951 , and that death occurred at 6 P. M. , from the causes and on the date stated above.		
23A. SIGNATURE William H. Fusting	23B. ADDRESS 11 E. Chase St. Balto., Md.	23C. DATE SIGNED 5-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/25/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 24 1951	REGISTRAR'S SIGNATURE William H. Fusting	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Balto. St.

Not Lewis

93D

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 5-31-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4683
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM B. FLETCHER

2. DATE
OF
DEATH

May 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

md

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4432 Newport Ave

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Baltimore

4-01

D. STREET ADDRESS (If rural, give location)

29 S. Gay St.

6. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 17, 1884

9. AGE (in years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Building Supt.

10B. KIND OF BUSINESS OR INDUSTRY

National Marine Bldg.

11. BIRTHPLACE (State or foreign country)

W. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

212-18-8905

17. INFORMANT

ADDRESS

Bertie M Fletcher 4432 Newport Ave

18. 4 yr 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anterior circulation C-V. D.

INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1949, to 5/23, 1951, that I last saw the deceased alive on 5/23, 1951, and that death occurred at 9:10 P.m., from the causes and on the date stated above.

23. SIGNATURE

C. Edward Leach

M. O.

23B. ADDRESS

14 E. Egan St.

23C. DATE SIGNED

5/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 28, 1951

24C. NAME OF CEMETERY OR CREMATOR

Parkwood

24D. LOCATION (City, town, or county)

Taylor Ave.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 24 1951

REGISTRAR'S SIGNATURE

William B. Fletcher

25. FUNERAL DIRECTOR

Paul E. Charnick

ADDRESS

14 E. Egan St.

VS 150

290 74

931

MEDICAL CERTIFICATION

Dr. Leach
14 E. Egan St.

51 4684

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4684

Registered No.

BIRTH NO.

B-626

1. NAME OF DECEASED
(Type or Print)

JOHN EDWARD BURKERT, SR.

2. DATE
OF
DEATH

May 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

927 Webb Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

927 Webb Court

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 15, 1862

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

89

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman- ret 19 yrs

10B. KIND OF BUSINESS OR
INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Francis Burkert

14. MOTHER'S MAIDEN NAME

Mary Bromell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT ADDRESS
927 Webb Court
Mrs. Mary A. Burkert

18. 4-20-0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

2 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROSIS GENERALIZED

DUE TO

5 YEARS

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31/1948, to 5/23/51, 19__, that I last saw the
deceased alive on 5/22/51, 19__, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Henry B. Mores, M.D.

M. D.

23B. ADDRESS

448 N. Lugene Ave.

23C. DATE SIGNED

5/23/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/25/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC

ADDRESS

BALTO. 4637 MD.

MAY 25 1951

93D

MEDICAL CERTIFICATION



51 4685

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4685
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

HULSE,

2. DATE
OF
DEATH

May 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore Maryland*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1547 Cole Street

Length of stay in Baltimore *Lifetime*

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 12

9. AGE (In years
last birthday)

50

10. Under 1 Year
Months: Days

1900

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Baltimore Drydock*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore Md.*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

Harry Hulse

14. MOTHER'S MAIDEN NAME

*Mita Heisenbottle*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*yes Armed Forces*16. SOCIAL
SECURITY NO.

17. INFORMANT

Benjamin Hulse, 1547 Cole St.

ADDRESS

18. *E 973.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Carbon monoxide poisoning*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Garage

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Garage in rear of 1600 block of Cole St.

21D. TIME (Month) (Day) (Year) (Hour)

May 21, 1951 7:00 P.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

window
*Hose attached to exhaust & into car*22. I certify that I took charge of the remains described above, held an *Inspection & Inquiry* thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE

*William Hulse*23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

*May 22, 1951*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

5/25/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Frederick Ave.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Walter F. Piel 1501 E. Fort Ave.

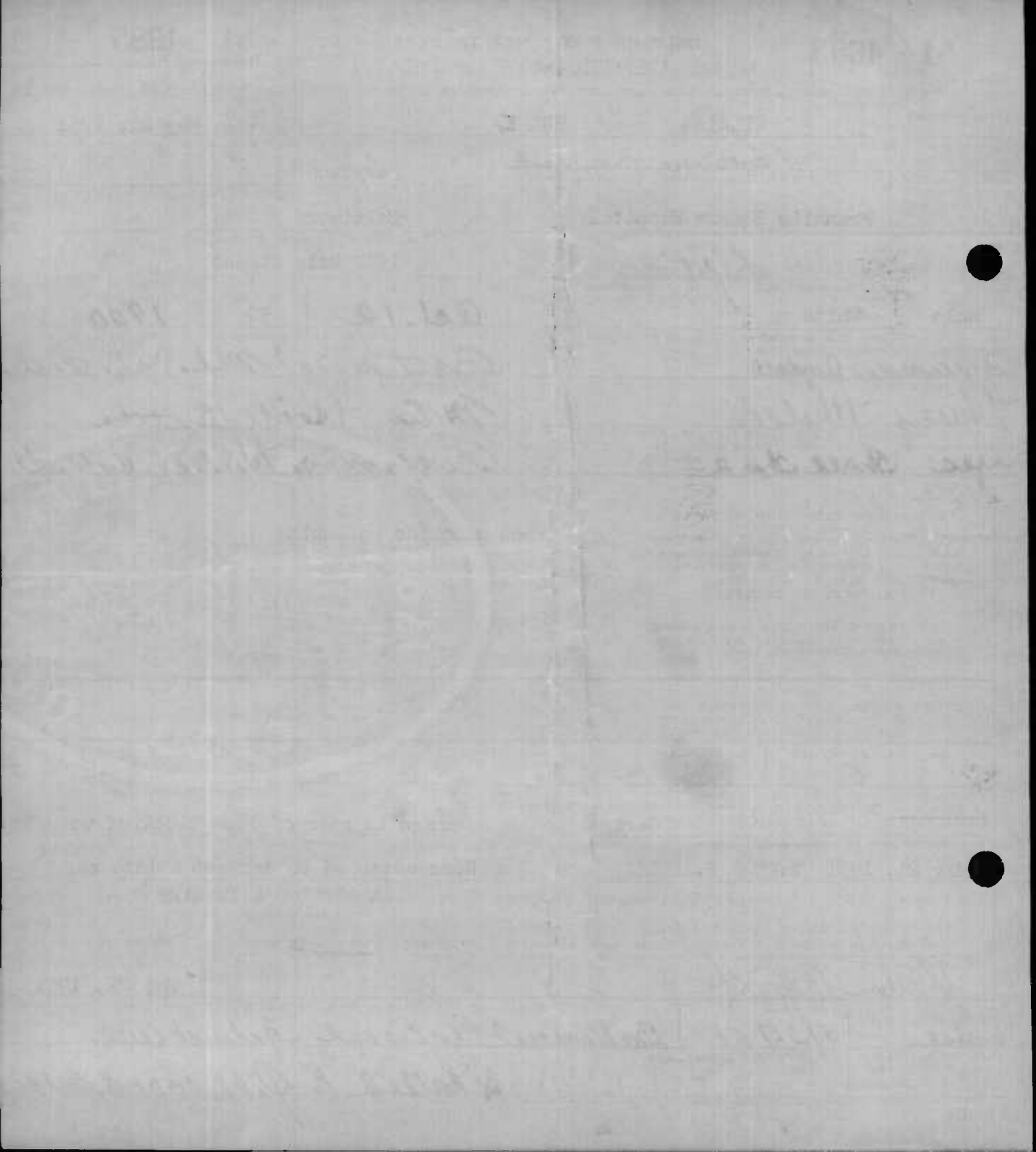
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N-968.0

3U

163M

MEDICAL CERTIFICATION



635 51 4686

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4686

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin Brotman

2. DATE
OF
DEATH

May 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution residence
A. STATE B. COUNTY

Md

10-82

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JONES HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

45 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1003 McAlister St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Real Estate

Proprietor

Russia

USA

13. FATHER'S NAME

Jacob Brotman

14. MOTHER'S MAIDEN NAME

Anna ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JONES HOPKINS HOSPITAL

18. 788.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Fever, Cause undetermined 4 Days

ANTECEDENT CAUSES

(B) DUE TO
(C) DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 5/22 1951, to 5/23, 1951, that I last saw the
deceased alive on 5/23, 1951, and that death occurred at 8 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

JONES HOPKINS HOSPITAL

5/23/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

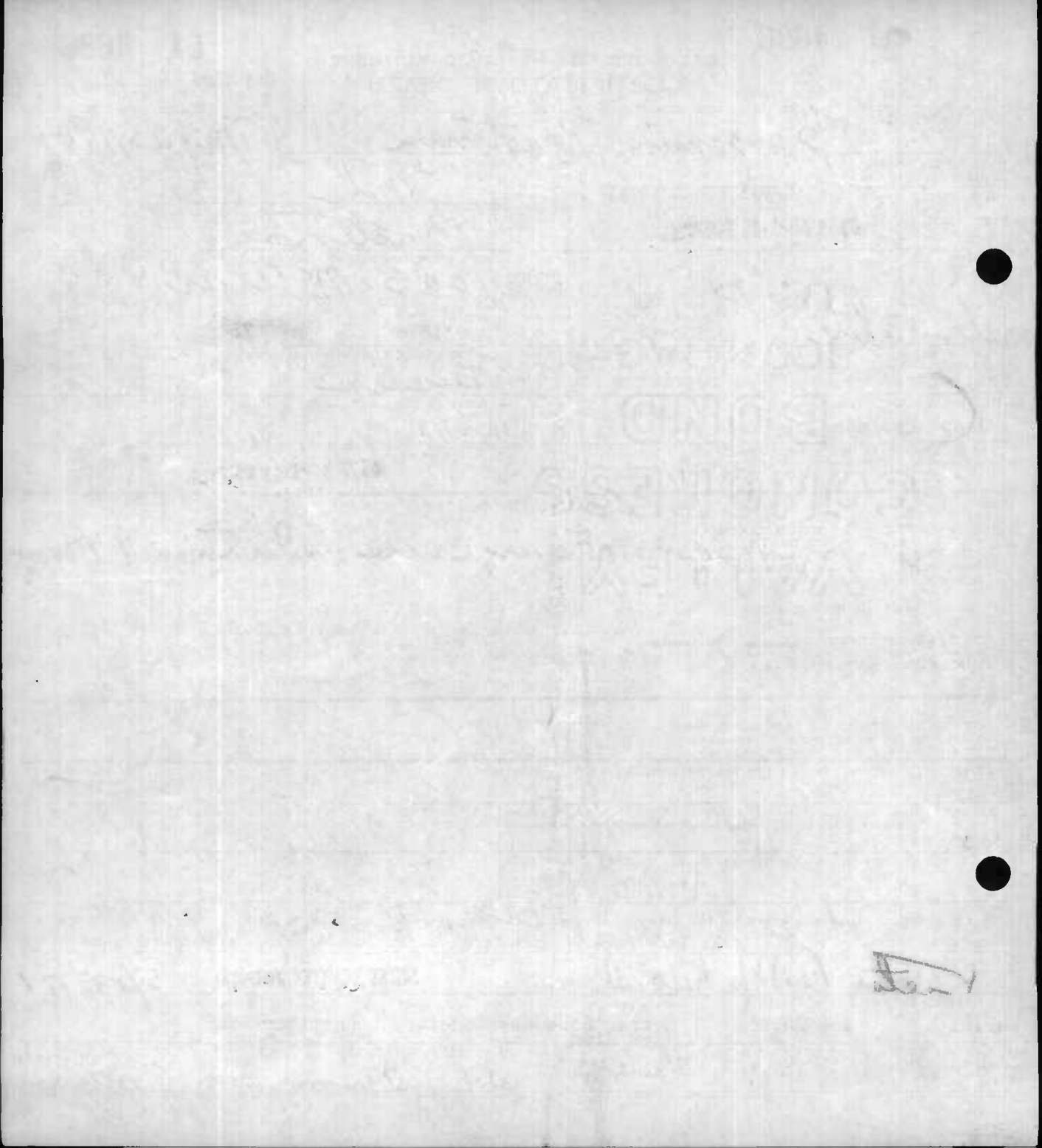
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



315 51 4687

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4687
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN B. STEVENSON

2. DATE
OF
DEATH

5-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Virginia

B. COUNTY

V-43

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Cape Charles

D. STREET ADDRESS (If rural, give location)

407 Harbor Avenue

Length of stay in Baltimore

5

5. SEX

MALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept 16 1890

9. AGE (in years
last birthday)

60

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerical

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Pocomoke, Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CLARENCE E STEVENSON

14. MOTHER'S MAIDEN NAME

ROSA BRATTEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unk.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Brain Tumor (Glioma)

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-24-51

19B. MAJOR FINDINGS OF OPERATION

Glioma - Left temporal region

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1951, to May 24, 1951, that I last saw the
deceased alive on May 24, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles H. Watt, Jr.

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

Pocomoke

24D. LOCATION (City, town, or county) (State)

Pocomoke City, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

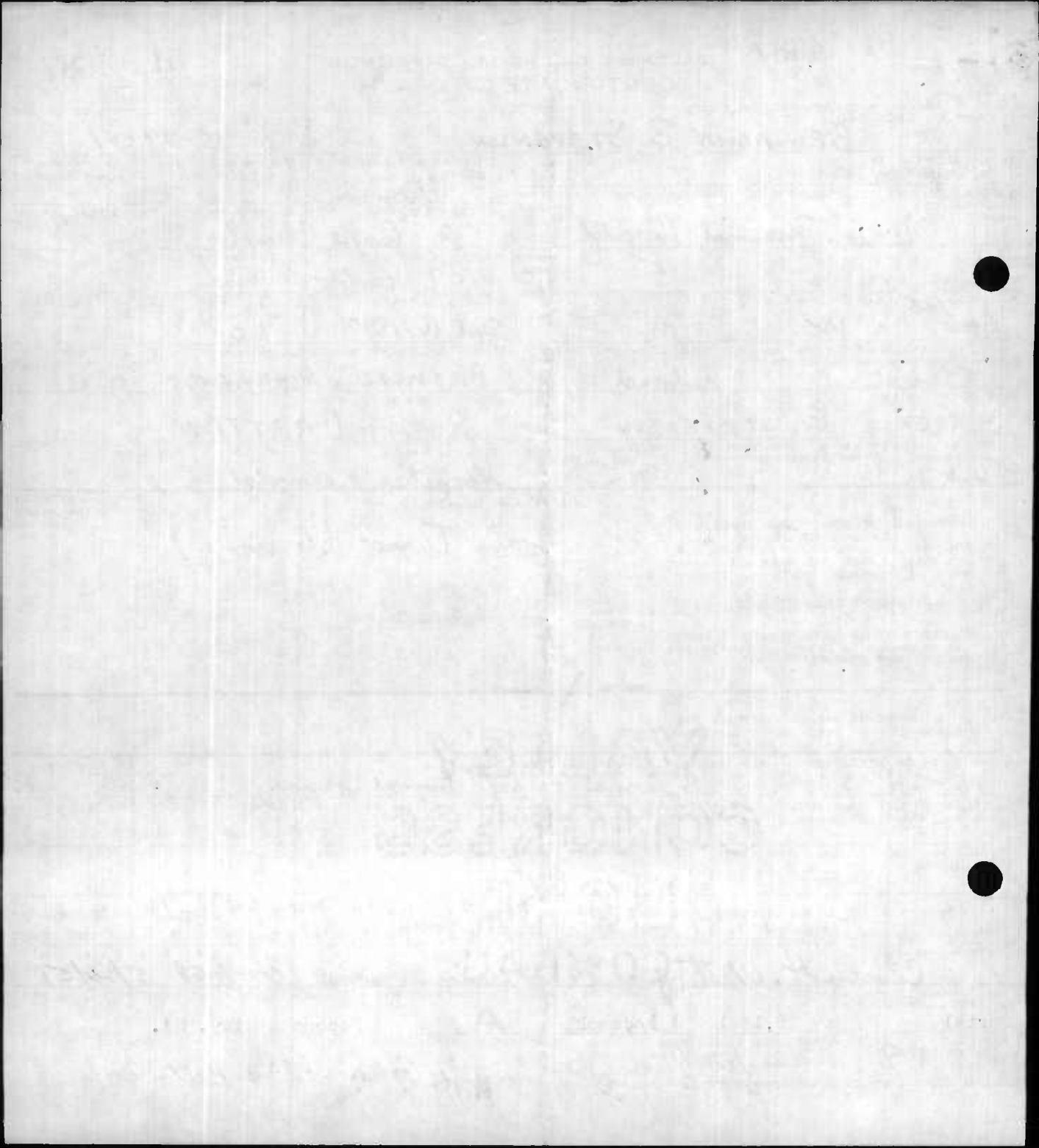
REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. T. Johnson & Sons Balto Md



51 4688

51 4688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Emma Carson Houston		2. DATE OF DEATH 5-24-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 19 12-02			
D. LENGTH OF STAY IN BALTIMORE 73		E. STREET ADDRESS (If rural, give location) 2932 St. Paul St.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Oct. 17, 1877	9. AGE (in years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME W.M. George Houston		14. MOTHER'S MAIDEN NAME Eliza Anne Stewart		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS A. George P. Stewart 5300 St. Albans Way Balto	

18. 470.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO Anteriosclerotic heart disease Hypertensive cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH 13 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-11 , 19 51 , to 5-24 , 19 51 , that I last saw the deceased alive on 5-29 , 19 51 , and that death occurred at 12:40 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Alfred S. Nelson		23B. ADDRESS Union Memorial Hosp. 3333 Calvert St. Balto 18 Md.		23C. DATE SIGNED 5-24-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24B. DATE MAY 25, 1951		24C. NAME OF CEMETERY OR CREMATORY GREENMOUNT	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR John O. Mitchell		24F. ADDRESS 1900 Eutaw Pl.	

THE UNIVERSITY OF CHICAGO
LIBRARY

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THE UNIVERSITY OF CHICAGO

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THE UNIVERSITY OF CHICAGO

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JAN 11 1931

THE UNIVERSITY OF CHICAGO

LIBRARY

51 4689

51 4689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LOUIS PEARLMAN		2. DATE OF DEATH 25 May 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Del B. COUNTY V-07			
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hartly			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Yrs. Mos. Days			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teasmith		10B. KIND OF BUSINESS OR INDUSTRY Repair		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Aaron		12. CITIZEN OF WHAT COUNTRY?			
14. MOTHER'S MAIDEN NAME not known		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Morris Pearlman - 826 Milford Mill Rd			
18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Nephrosclerosis		(A) DUE TO		(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION NMC		19B. MAJOR FINDINGS OF OPERATION NMC		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNOERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 26 April , 19 51 , to 25 May , 19 51 , that I last saw the deceased alive on 25 May , 19 51 , and that death occurred at 12:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE I Irving Scherlis		23B. ADDRESS SINAI Hospital		23C. DATE SIGNED 25 May 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5-25-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Hebron	
24D. LOCATION (City, town, or county) (State) Long Island N.Y.		24E. LOCATION (City, town, or county) (State) Long Island N.Y.		24F. LOCATION (City, town, or county) (State) Long Island N.Y.	
OATE RECEIVED BY LOCAL REGISTRAR MAY 25 1951		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR ADDRESS 2100 Centaur Place	

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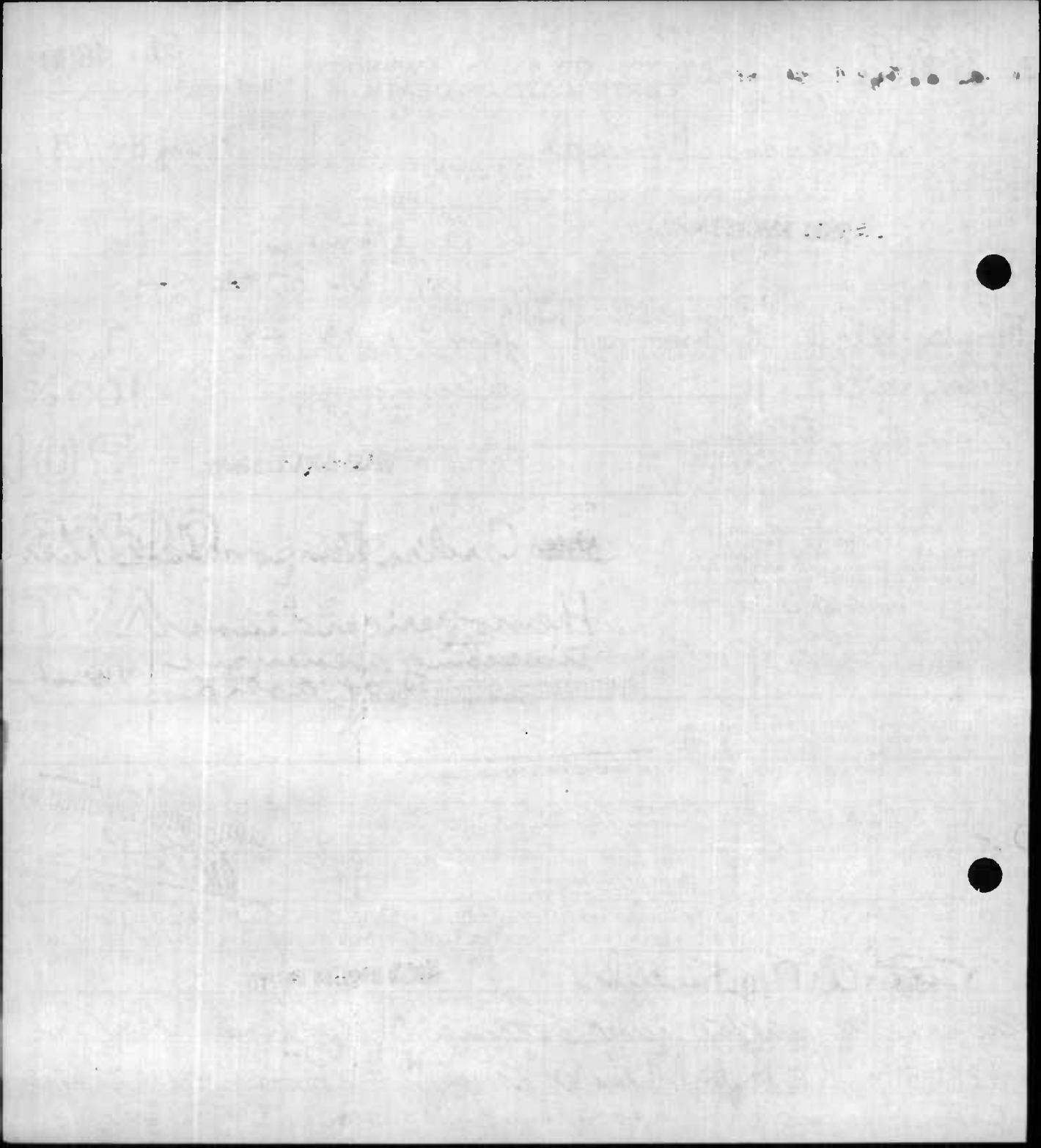
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0 Medical Examiners
1 4690
BALTIMORE CITY HEALTH DEPARTMENT
HOSPITAL
51 4690
Registered No.
BIRTH NO.
1. NAME OF DECEASED (Type or Print) **GRIPPO**
Johanna Grippo
2. DATE OF DEATH **May 24, 1951**
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **md.**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-08
D. STREET ADDRESS (If rural, give location)
1311 W. 37th St.
5. SEX **Female**
6. COLOR OR RACE **White**
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **Jan 5, 1903**
9. AGE (In years last birthday) **48**
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housework
11. BIRTHPLACE (State or foreign country)
Germany
12. CITIZEN OF WHAT COUNTRY?
Germany
13. FATHER'S NAME
Frank Allison
14. MOTHER'S MAIDEN NAME
?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No
16. SOCIAL SECURITY NO.
JOHNS HOPKINS HOSPITAL
17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL
18. **451X**
CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cardiac Tamponade @ 1 hr.
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Hemopericardium
DUE TO
Dissecting aneurysm of aorta
INTERVAL BETWEEN ONSET AND DEATH
1 week
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION **21**
19B. MAJOR FINDINGS OR POST-MORTEM EXAMINER
MISSOR ON AORTA
20. AUTOPSY?
YES **4**
21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY
21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK
21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from **May 24**, 1951, to **May 24**, 1951, that I last saw the deceased alive on **May 24**, 1951, and that death occurred at **7:10 p.m.**, from the causes and on the date stated above.
23A. SIGNATURE **Victor A. McKusick**
23B. ADDRESS **JOHNS HOPKINS HOSPITAL**
23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial
24B. DATE
May 28/51
24C. NAME OF CEMETERY OR CREMATORY
New Cathedral
24D. LOCATION (City, town, or county) (State)
Off Frederick Rd Md
DATE RECEIVED BY LOCAL REGISTRAR
MAY 25 1951
REGISTRAR'S SIGNATURE
Washington Williams, M.D.
25. FUNERAL DIRECTOR
Clinton E. Donovan
ADDRESS
3818 Roland
VS 150
Certificate is hereby approved by Medical Examiner 307



51 4691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4691

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY DRANCHAK

2. DATE
OF
DEATH

5-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2930 ELLIOTT ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

DUNDALK 22, Md.

D. STREET ADDRESS (If rural, give location)

1806 BELLE AVE. 5300

C. Length of stay in Baltimore

5 1/2 WKS

Yrs.
Mos.
Days

5. SEX

FEM.

6. COLOR OR RACE

W.H.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

AUG. - 1875

9. AGE (In years last birthday)

75

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INSPECTOR

10B. KIND OF BUSINESS OR INDUSTRY

FOOD PACKING

11. BIRTHPLACE (State or foreign country)

AUSTRIA-HUNGARY

12. CITIZEN OF WHAT COUNTRY?

AUSTRIA-HUNGARY

13. FATHER'S NAME

MICHAEL VARMECKY

14. MOTHER'S MAIDEN NAME

MARY (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

220-20-8756

17. INFORMANT

MARY SALANIK

ADDRESS

2930 ELLIOTT ST. BALTO. (24)

CAUSE OF DEATH

1B.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cardio-vascular disease.

DUE TO

Generalized atherosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 1951 to 5-23, 1951, that I last saw the deceased alive on 5/23, 1951, and that death occurred at 4 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Flanigan Jr.

M. D.

23B. ADDRESS

3501 Tait Ave.

23C. DATE SIGNED

5/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/26/51

24C. NAME OF CEMETERY OR CREMATORY

ST. ANDREWS RUSSIAN ORTH.

24D. LOCATION (City, town, or county)

BALTO. CO., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 25 1951

REGISTRAR'S SIGNATURE

Walter G. Williams Jr.

25. FUNERAL DIRECTOR

Walter G. Williams Jr., Dundalk, Md.

ADDRESS

VS 150

931

MEDICAL CERTIFICATION

WALLACE
COMPTON

51 4692

51 4692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carolyn B. Donley

2. DATE
OF
DEATH

May 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

706 St. Paul Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

11-02

D. STREET ADDRESS (If rural, give location)

706 St. Paul Street

8. DATE OF BIRTH

June 25, 1887

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Operates Rooming House

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Columbia, Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Donley

14. MOTHER'S MAIDEN NAME

Harriet Cox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Emily DeWees, 706 St. Paul St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

4/10/51

Inoperable Carcinoma Stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1951, to 3/23, 1951, that I last saw the
deceased alive on 5/21, 1951, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

5/26/51

Mt. Lebanon Cemetery

Lebanon, Pennsylvania

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1951

Washington Williams, M.D.

Wm. Cook, Inc.

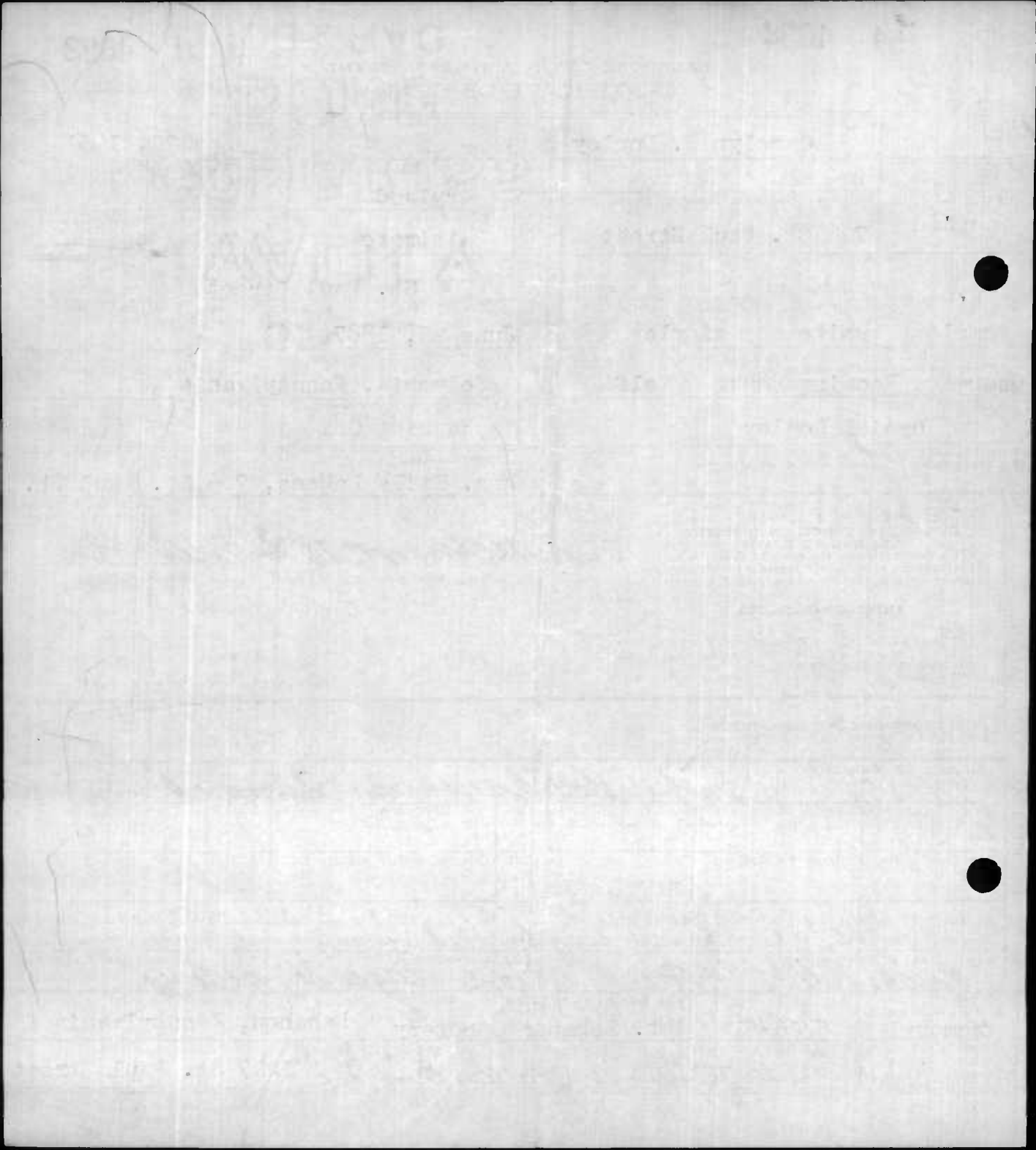
1217 St. Paul Street

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46 B

MEDICAL CERTIFICATION



51 4693

51 4693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John S. Busick

2. DATE
OF
DEATH

May 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)

600 2500 Guilford Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 12-03

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2500 Guilford Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 1861

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Contractor & Builder Self

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Clara M. Degenhard, 2500 Guilford

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Occlusion*
DUE TOINTERVAL BETWEEN
ONSET AND DEATH*immediately*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Chronic Myocarditis*
DUE TO*4 years*

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15th 1948, to May 24th 1951, that I last saw the
deceased alive on May 15, 1951, and that death occurred at 10:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/26/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

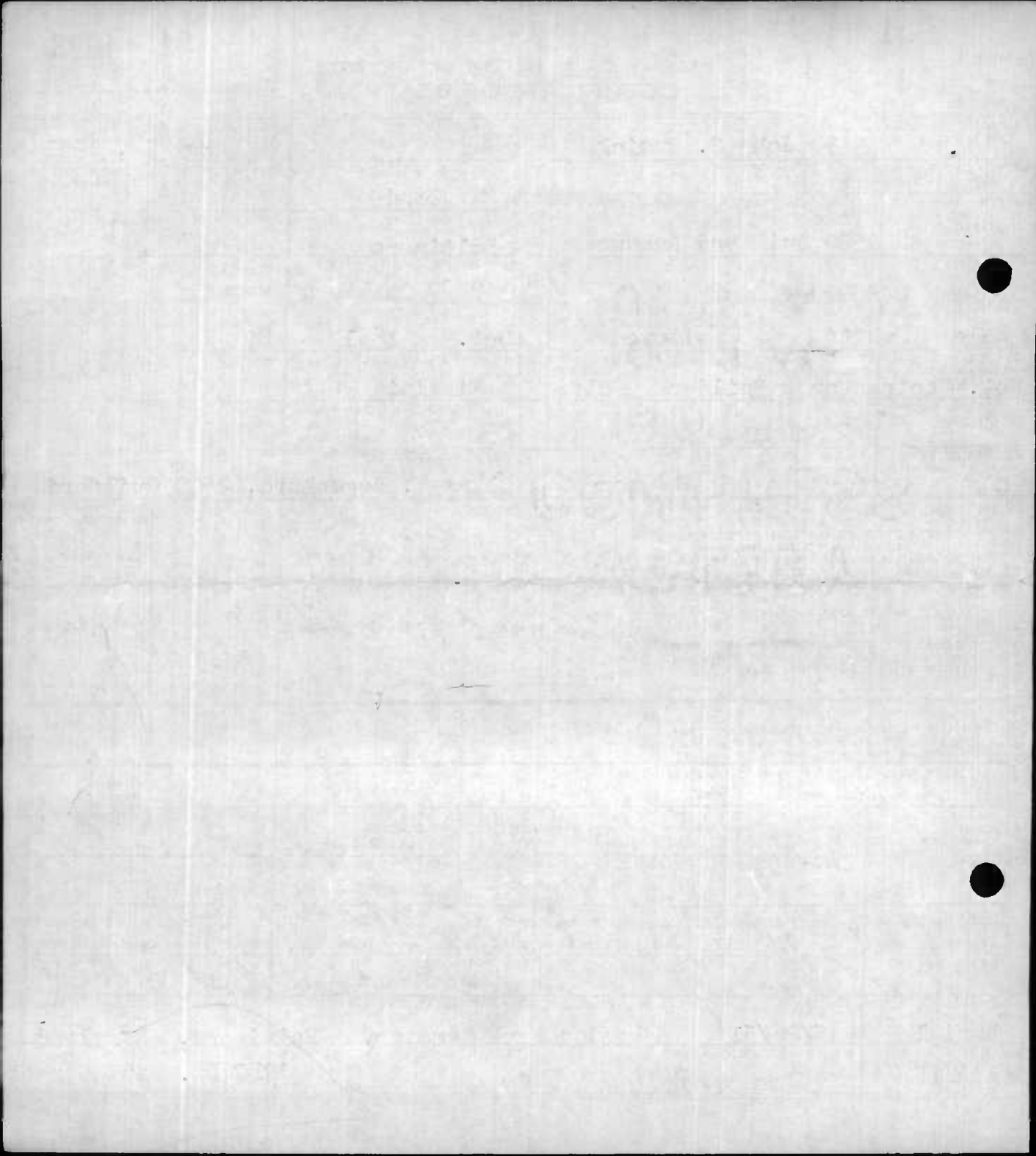
ADDRESS

MAY 25 1951

T. H. Williams, Jr.

4685

1217 St. Paul Street



65351 4694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4694
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OWEN BRYANT		2. DATE OF DEATH 5/22/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 637 N. Paca St.		C. CITY OR TOWN Baltimore 17-01	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 637 N. Paca St	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY sm	9. AGE (In years: last birthday) 58 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) North Carolina.		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. DECEASED'S NAME Bryant		14. MOTHER'S MAIDEN NAME Callie Whitfield	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Rosa Bryant 637 N. Paca St.		ADDRESS	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Heart Corrosy Occlusion DUE TO Chronic Myocarditis DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Heart Corrosy Occlusion Chronic Myocarditis	INTERVAL BETWEEN ONSET AND DEATH 10 min 8 mos
--	--	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5/17 , 19 51 , to 5/22 , 19 51 , that I last saw the deceased alive on 5/17 , 19 51 , and that death occurred at 9:45 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE [Signature]		23B. ADDRESS 450 W Biddle St	23C. DATE SIGNED 5/24/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-26-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1951	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR [Signature]	ADDRESS 578 W. Biddle St

1001

STATE OF OHIO

1001

1001

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615 51 4695

51 4695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mary J. Griffin		2. DATE OF DEATH May 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2101 Coldspring Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 541 W. Biddle St.			
5. SEX Female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2, 1896	9. AGE (In years last birthday) 54	11 Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Lowton Moore		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Luther Griffin 541 W. Biddle St	
18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension Neglected DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Cerebral Hemorrhage Hypertension Neglected		INTERVAL BETWEEN ONSET AND DEATH 4 mos.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 20 , 19 51 , to May 23 , 19 51 , that I last saw the deceased alive on May 23 , 19 51 , and that death occurred at 7 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dan J. Trauden		23B. ADDRESS 112 W. See r		23C. DATE SIGNED 5/24/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-23-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Wm. Francis T. Humphrey		24F. ADDRESS 577 W. Biddle St.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1951		REGISTRAR'S SIGNATURE Wm. Francis T. Humphrey			



63551 4696

51 4696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Harvey Edward Gordon

2. DATE
OF
DEATH

5-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

459 Roundview Rd.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY

Md.

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

459 Roundview Rd.

Length of stay in Baltimore

66 yrs.

5. SEX

male

6. COLOR OR RACE

negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 9, 1885

9. AGE (in years,
last birthday)

66

If Under 1 Year
Months: Days Hours Min.

7 14

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lapover

10B. KIND OF BUSINESS OR
INDUSTRY

Gm

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles Henry Gordon Sr.

14. MOTHER'S MAIDEN NAME

Ida Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

213-20-6905

17. INFORMANT

ADDRESS

Albert A Gordon, Same.

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Nephritis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 week.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

7 years.

(C) Cardiac Decompensation

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1951, to May 23, 1951, that I last saw the
deceased alive on May 23, 1951, and that death occurred at 2:30 am., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Luck

M. D.

23B. ADDRESS

127 Swale Ave

23C. DATE SIGNED

5-23-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-23-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. J. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

W. J. Williams, Jr.

678 W. Biddle St.

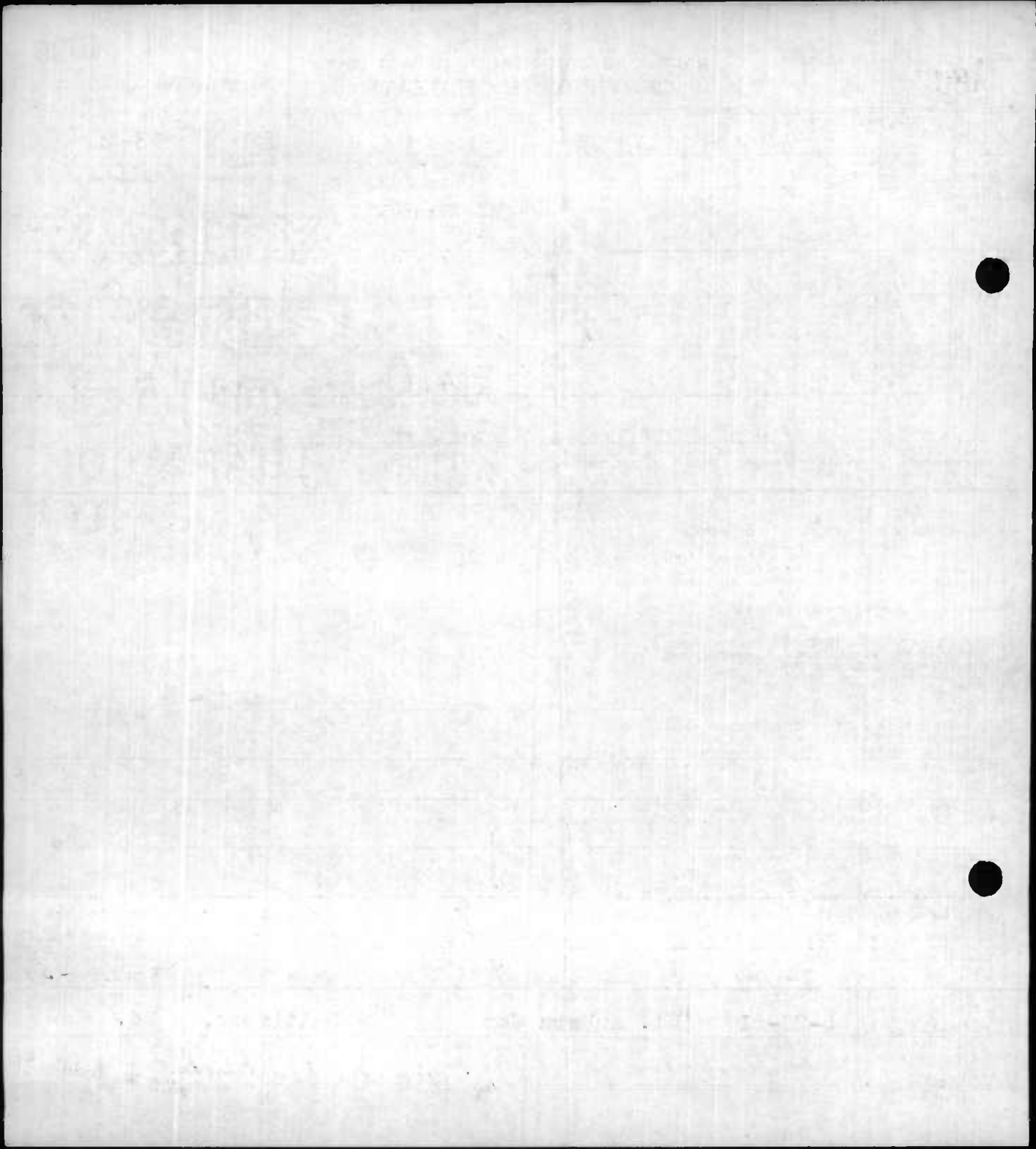
MAY 25 1951

VS 150

97099

931

MEDICAL CERTIFICATION



52 MED. EXAM. CASE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4697

4697

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA LEE ARMSTRONG

2. DATE
OF
DEATH

MAY 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BRADY 5

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

Baltimore

C. CITY OR TOWN

Towson

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

621 SUSSEX Rd.

5300

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9-19-62

9. AGE (In years
last birthday)

88

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES HENKEL

14. MOTHER'S MARRIAGE NAME

Susan Biddison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. E903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary embolus

5 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Fractured rt hip

14 days

DUE TO

(C)

Fall at home

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

William Updell M. D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

5/11/51

Fracture neck at femur

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

5/10/51

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Slipped and fell to floor

Fall at home

22. I hereby certify that I attended the deceased from 5-10-1951, to 5-24-1951, that I last saw the
deceased alive on 5-24-1951, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John T. H. Solomon

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/26/51

24C. NAME OF CEMETERY OR CREMATORY

Green Hill

24D. LOCATION (City, town, or county)

Luzay, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington, Delaware

25. FUNERAL DIRECTOR

Wilmington, Delaware

ADDRESS

Baths 186a

MAY 25 1951

N-821.0

MEDICAL CERTIFICATION

CLASSIFICATION

GROUP 1

EXCLUDED

DATE OF REVIEW

10/1/2000

10/1/2000

10/1/2000

10/1/2000

10/1/2000

10/1/2000

10/1/2000

10/1/2000

10/1/2000

10/1/2000

10/1/2000

630
51 4698BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4698

Registered No.

1. NAME OF DECEASED (Type or Print) JOHN H. HARDY		2. DATE OF DEATH May 24, 1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write full name, and give township) BALTIMORE 19-04	
D. STREET ADDRESS (If rural, give location) 210 S. Gilmore St		5. SEX Male	
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Nov 20, 1894		9. AGE (In years last birthday) 56	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT & SMOKER		10B. KIND OF BUSINESS OR INDUSTRY MEAT PACKERS	
11. BIRTHPLACE (State or foreign country) BALTO MD		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Hardy		14. MOTHER'S MAIDEN NAME AMELIA Wirth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 052-07-4270	
17. INFORMANT ANNA B. Hardy		18. ADDRESS 210 S. Gilmore St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 092X I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Remia DUE TO (B) Lower Nephron Nephrosis DUE TO (C) Acute Infectious Hepatitis	
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5/19 , 19 57 , to 5/24 , 19 57 , that I last saw the deceased alive on 5/24 , 19 57 , and that death occurred at 3 P. m., from the causes and on the date stated above.	
23A. SIGNATURE Robert T. Parker		23B. ADDRESS University Hospital	
23C. DATE SIGNED 5/24/57		24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24B. DATE 5-28-51		24C. NAME OF CEMETERY OR CREMATORY U.S. National	
24D. LOCATION (City, town, or county) BALTY MD		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1951	
24F. REGISTRAR'S SIGNATURE Wilmington Williams, Jr.		24G. FUNERAL DIRECTOR Robert B. Walters	
24H. ADDRESS		24I. SIGNATURE Robert B. Walters	

69040

32a

Page 10

RECEIVED

1911

1911

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

100
4699BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4699
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY S. DOVE

2. DATE
OF
DEATH May 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1633 Cliffview Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Aug. 15, 1896

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Store Operator - Own Store (High's Ice Cream)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

Morwitz

14. MOTHER'S MAIDEN NAME

Frances ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-18-5180

17. INFORMANT

ADDRESS

Webster C. Dove, 1109 Gleneagle

18. 4-2-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerosis Cardiovascular
DUE TO Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐ May 25, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

5/28/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Parkville, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. Book, Inc.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Book, Inc. 1217 St. Paul Street

VS 151

290613

937 ✓

RECEIVED
JAN 10 1962
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]
[Illegible]

1. [Illegible]
2. [Illegible]
3. [Illegible]

4. [Illegible]
5. [Illegible]
6. [Illegible]

7. [Illegible]
8. [Illegible]
9. [Illegible]

10. [Illegible]
11. [Illegible]
12. [Illegible]

13. [Illegible]
14. [Illegible]
15. [Illegible]

240

ND-158721 4700

BIRTH NO. 51-11345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4700
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Boy McCauley		2. DATE OF DEATH 5-22-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 715 W. Fayette Street	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 21, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 10 20 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Verne Wright		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Floree Thomas	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

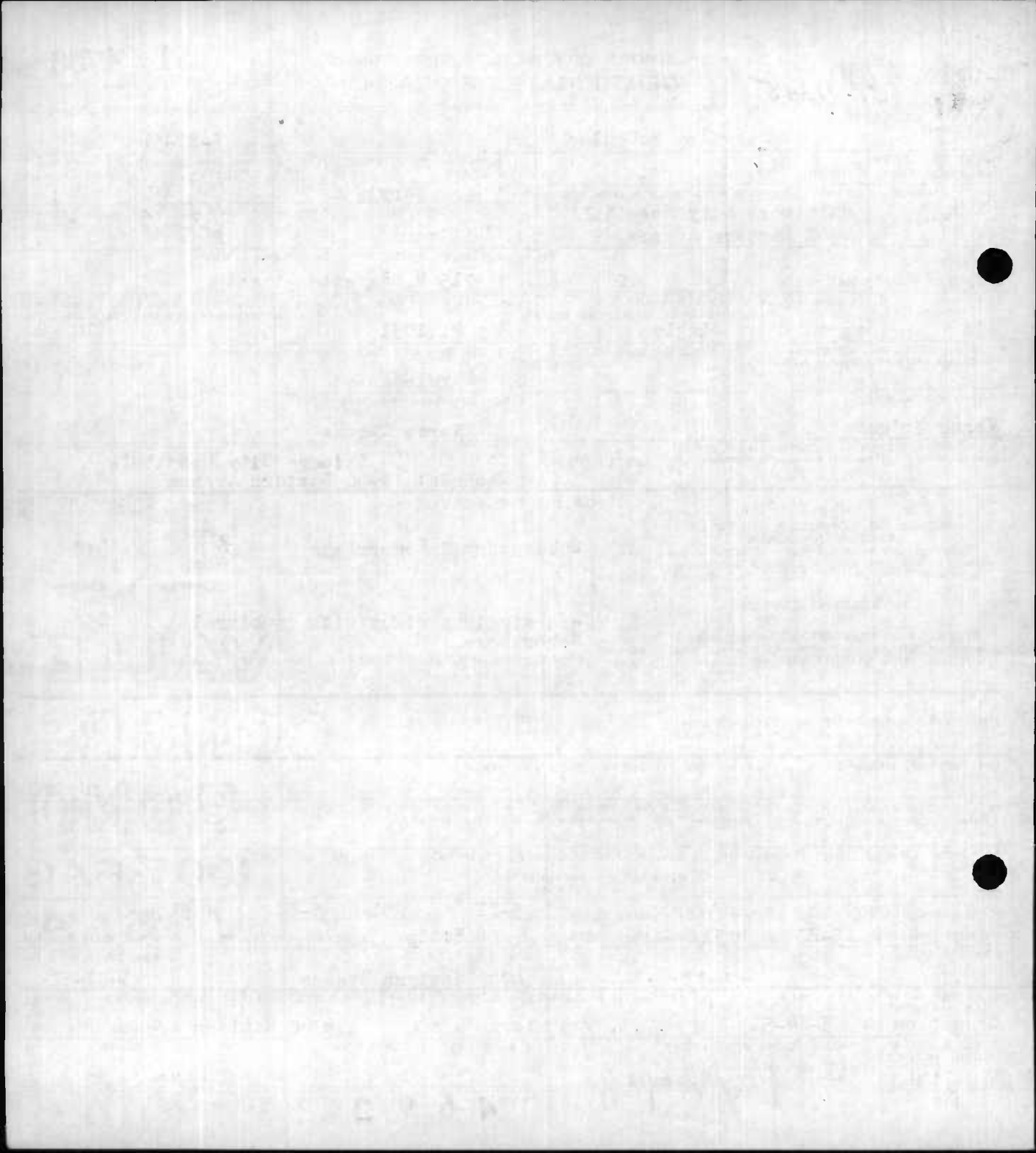
18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage DUE TO Life		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Torn straight sinus with subdural Hemorrhage DUE TO Life		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-21 , 19 51 to 5-22 , 19 51 , that I last saw the deceased alive on 5-22 , 19 51 , and that death occurred at 8:40 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Croger</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-23-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 5-24-51		24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory		24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1951		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>		25. FUNERAL DIRECTOR		ADDRESS	

7510004692

160a



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

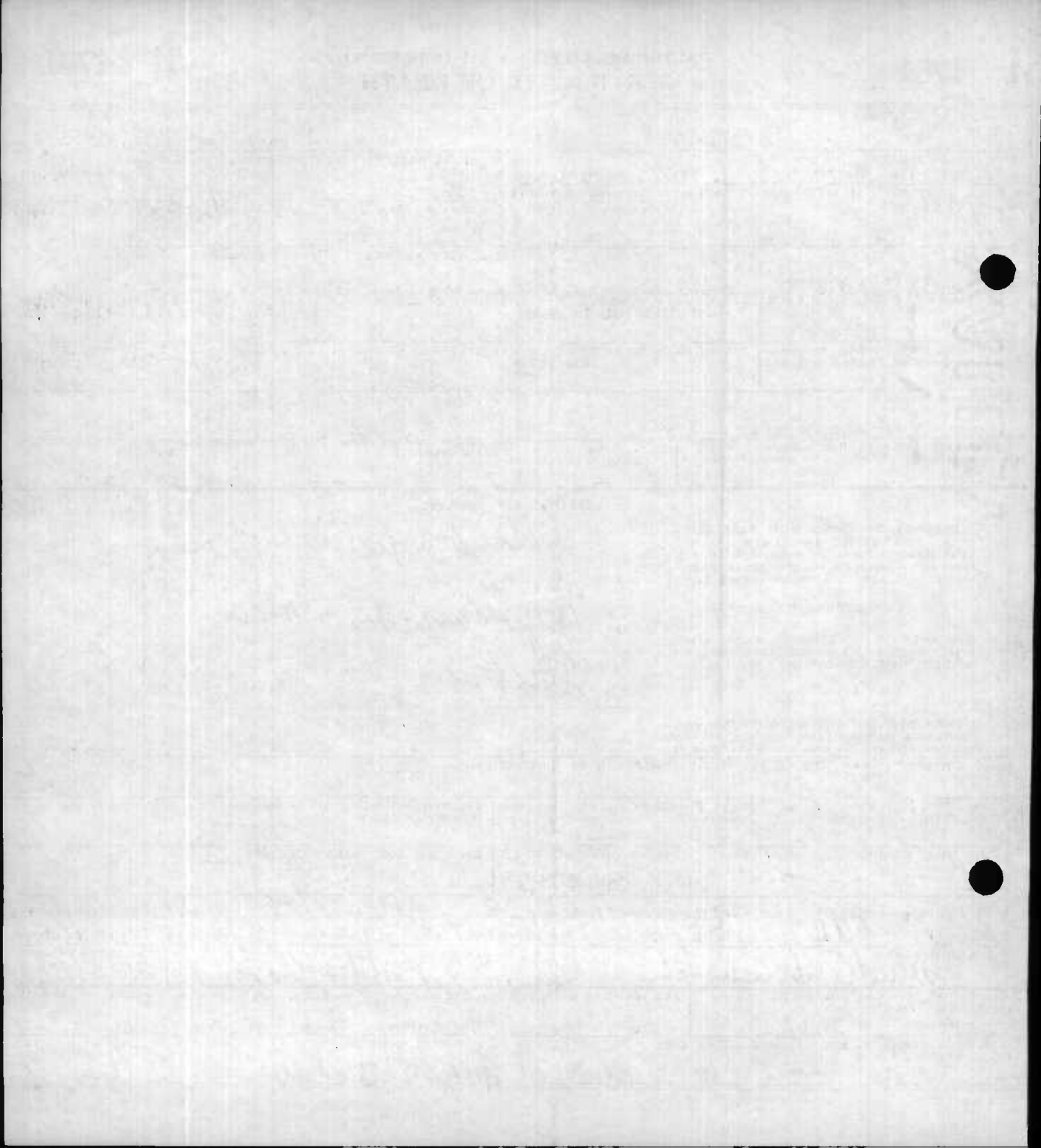
Registered No. 51 4701

BIRTH NO. 360

1. NAME OF DECEASED (Type or Print) <u>Anna Ader</u>		2. DATE OF DEATH <u>May 24th, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>135 N. Wolfe Street</u>		4. USUAL RESIDENCE (Where deceased lived, if institution - residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>6-04</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>135 N. Wolfe Street</u>		E. LENGTH OF STAY IN BALTIMORE Yrs. <u>Life</u> Mos. <u>Days</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 23, 1889</u>
9. AGE (In years, last birthday) <u>62</u>		10. CITIZEN OF WHAT COUNTRY? <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>Margaret ?</u>	
13. FATHER'S NAME <u>Charles Schatzschnider</u>		14. MOTHER'S MAIDEN NAME <u>Margaret ?</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Frank Ader - - -</u>		ADDRESS <u>135 N. Wolfe Street</u>	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial Insufficiency</u>		CAUSE OF DEATH (A) DUE TO <u>Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>257.0</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Myocardial Insufficiency - Toxic</u>		(B) DUE TO <u>Gout</u>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>—</u>		(C) <u>—</u>			
19A. DATE OF OPERATION <u>5/20</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>—</u>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>			
21D. TIME (Month) (Day) (Year) (Hour) INJURY <u>—</u>	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>5/20</u> , 19 <u>51</u> , to <u>5/24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/24</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P. M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>John A. Schenck</u>		23B. ADDRESS <u>1337 S. Charles St</u>		23C. DATE SIGNED <u>5/25/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>5/28/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St. Stanislaus Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 25 1951</u>	REGISTRAR'S SIGNATURE <u>—</u>	25. FUNERAL DIRECTOR <u>George B. Weber</u> ADDRESS <u>7058 Ann St.</u>			



332
4702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4702

1. NAME OF DECEASED (Type or Print) ANTHONY F. SATATIS				2. DATE OF DEATH 5/24/51			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 27-15			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE - 11			
D. STREET ADDRESS (If rural, give location) 4433 LA PLATA AVE.				E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Jan. 21, 1900	9. AGE (In years last birthday) 51	If Under 1 Year Months Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tailor		10B. KIND OF BUSINESS OR INDUSTRY Coats		11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Satatis				14. MOTHER'S MAIDEN NAME Agnes ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Margaret H. Satatis - 4433 La Plata Ave.			
18. I 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHRONIC GLOMERULONEPHRITIS DUE TO + ACUTE GLOMERULONEPHRITIS DUE TO PULMONARY EDEMA (B) PULMONARY EDEMA (C)				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/23 , 19 51 , to 5/24 , 19 51 , that I last saw the deceased alive on 5/24 , 19 51 , and that death occurred at 2 P m., from the causes and on the date stated above.							
23A. SIGNATURE John F. Strahan		23B. ADDRESS University Hospital		23C. DATE SIGNED 5/24/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/26/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1951		REGISTRAR'S SIGNATURE Thurston Williams, Md.		25. FUNERAL DIRECTOR Wm. J. Pickens & Sons		ADDRESS 131 B Balto, Md.	

MEDICAL CERTIFICATION

590 46

131 B Balto, Md.

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

512
51 4703BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4703
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elmore R. Tompkins

2. DATE
OF
DEATH

May 23-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5633 Carter Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore 27-44

D. STREET ADDRESS (If rural, give location)

5633 Carter Ave

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 14 - 1904

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

office mgr -

10B. KIND OF BUSINESS OR
INDUSTRY

Herman Nash

11. BIRTHPLACE (State or foreign country)

St. Louis mo

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Raymond Tompkins

14. MOTHER'S MAIDEN NAME

GUTH - Foley - Service

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

216-03-1299

17. INFORMANT

Mrs Ruth Tompkins

ADDRESS

5633 Carter

18.

443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardia -
Cerebral Hemorrhage

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Hemorrhage

1 hr

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1951, to May 23, 1951, that I last saw the
deceased alive on May 23, 1951, and that death occurred at 11:00 m., from the causes and on the date stated above.

23A. SIGNATURE

John G. Golley

M. D.

23B. ADDRESS

5103 Harbor Rd

23C. DATE SIGNED

5/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial

5/28/51

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Lawn

24D. LOCATION (City, town, or county)

Buffalo N.Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 25 1951

25. FUNERAL DIRECTOR

J. J. Ruck

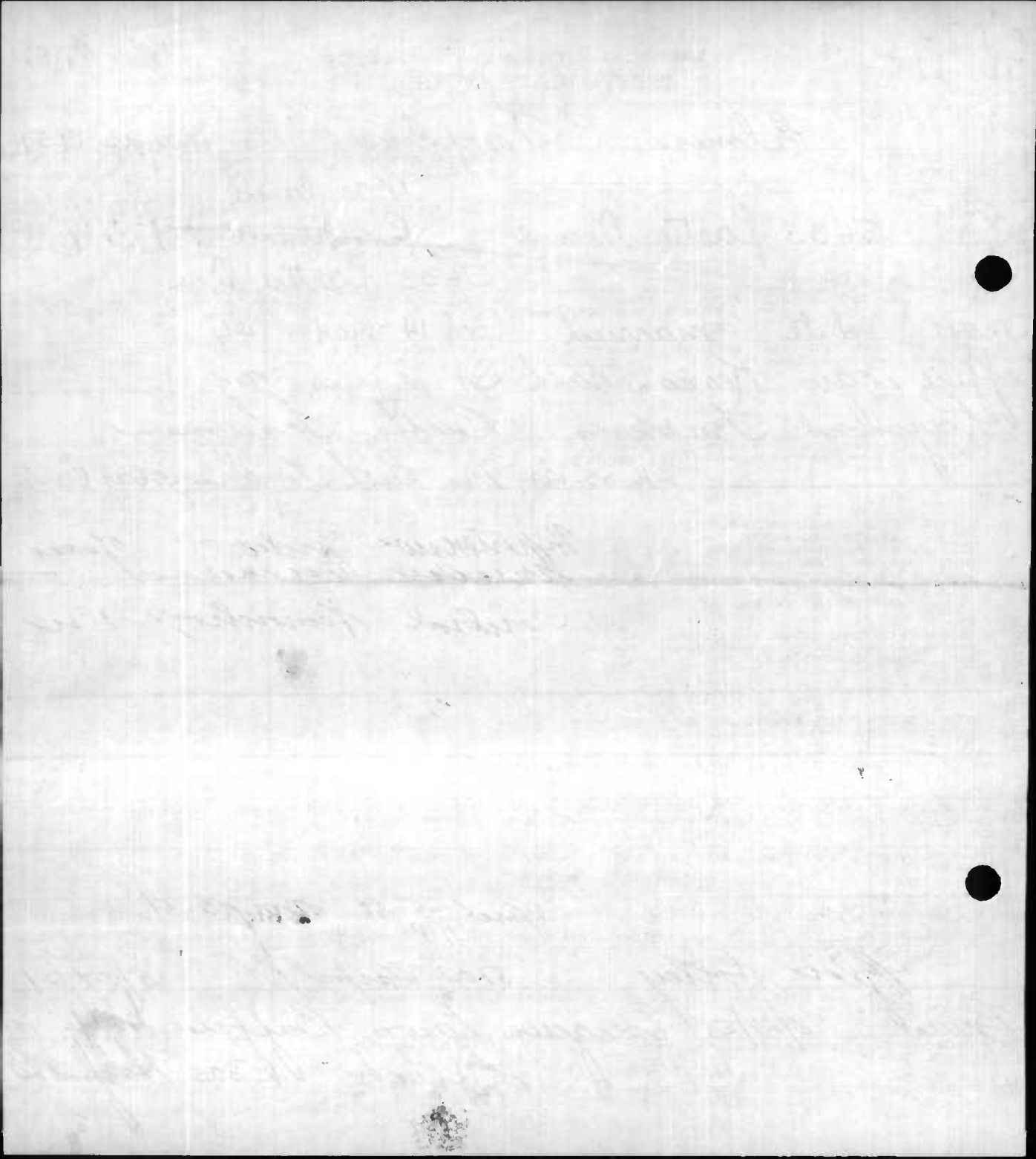
ADDRESS

15305 Raymond Rd

290 65

937

MEDICAL CERTIFICATION

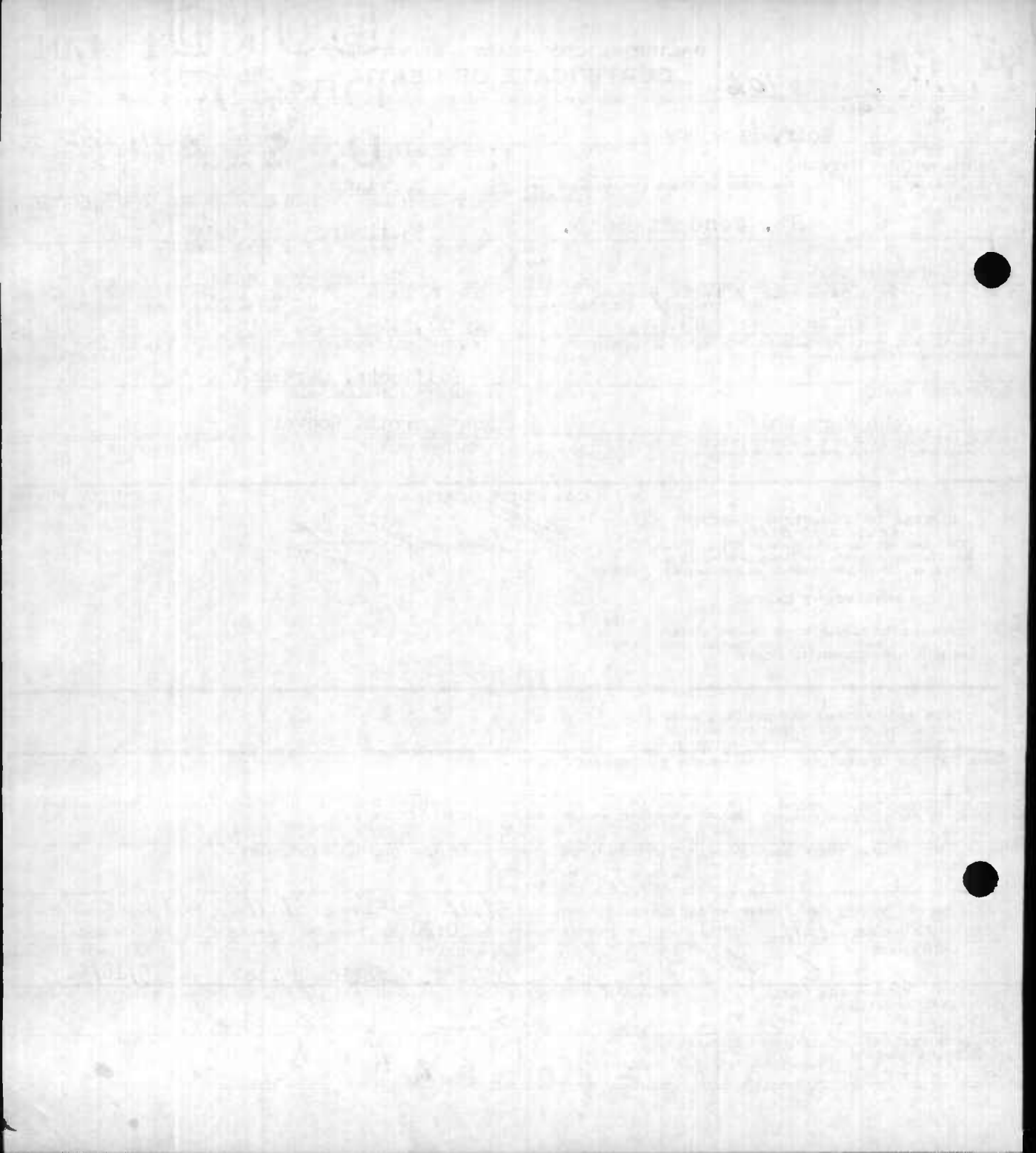


410
51 4704BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4704
Registered No.

BIRTH NO. 51 10906			2. DATE OF DEATH May 17, 1951		
1. NAME OF DECEASED (Type or Print) Wolf, Baby Boy			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
3. PLACE OF DEATH: A. Baltimore City, Maryland			A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Josephs Hosp.			B. COUNTY		
C. CITY OR TOWN Baltimore			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) 26-01		
D. STREET ADDRESS (If rural, give location) 1324 Berger Avenue			D. STREET ADDRESS (If rural, give location)		
5. SEX Male			8. DATE OF BIRTH May 17, 1951		
6. COLOR OR RACE White			9. AGE (In years last birthday)		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			10. Under 1 Year Months Days		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? 40		
13. FATHER'S NAME John Mark Wolf			14. MOTHER'S MAIDEN NAME Ruby Dorothy Hoover		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Permaternity			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/17/1951 to 5/17/1951, that I last saw the deceased alive on 5/17/1951, and that death occurred at 10:20AM., from the causes and on the date stated above.					
23A. SIGNATURE Frank W. Baker, Jr. M. D.		23B. ADDRESS 1100 N. Caroline Street		23C. DATE SIGNED 5/18/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/18/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Balt. Md.		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
		25. FUNERAL DIRECTOR		ADDRESS	



-410
51 4705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4705
Registered No.

BIRTH NO. 61-10907

1. NAME OF DECEASED (Type or Print) <u>Baby Girl Wolf</u>			2. DATE OF DEATH <u>May 17, 1951</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>26-01</u>		
D. STREET ADDRESS (If rural, give location) <u>4324 Berger Avenue</u>			5. SEX <u>Fe.</u> 6. COLOR OR RACE <u>White</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		
8. DATE OF BIRTH <u>May 17, 1951</u>			9. AGE (In years last birthday) _____ If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: <u>20</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10B. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <u>John Mark Wolf</u>			14. MOTHER'S MAIDEN NAME <u>Ruby Dorothy Hoover</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT _____			ADDRESS _____		

18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <u>Prematurity</u>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) _____ DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) _____ DUE TO	
	(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) _____ m. _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/17/</u> , 19 <u>51</u> to <u>5/17/</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/17/</u> , 19 <u>51</u> and that death occurred at <u>8:15 PM.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Frank W. Bohach</u> M. D.		23B. ADDRESS <u>1400 N. Caroline</u>		23C. DATE SIGNED <u>5/18/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/25/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. (State) <u>md</u>		25. FUNERAL DIRECTOR <u>Charles A. Rich</u> ADDRESS <u>2205 Bayhill</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 25 1951</u>		REGISTRAR'S SIGNATURE <u>Walterton Williams</u>		25. FUNERAL DIRECTOR <u>Charles A. Rich</u> ADDRESS <u>2205 Bayhill</u>	

000

Leahy

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4706

Registered No.

BIRTH NO.

51-10623

1. NAME OF DECEASED
(Type or Print)

Leahy, Baby Roy

2. DATE
OF
DEATH

May 12, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3440 Sellers Point Road

Length of stay in Baltimore

1

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 12, 1951

9. AGE (In years
last birthday)10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

2 15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Lawrence Leahy

14. MOTHER'S MAIDEN NAME

Louise Meding

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

(C)

Premature labor & delivery

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1951, to May 12, 1951 that I last saw the
deceased alive on May 12, 1951 and that death occurred at 10:25 PM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St.

May 13, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 25 1951

VS 150

159

MEDICAL CERTIFICATION

201-16

THE

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610
1 4707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4707
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mitchell John Doroba</i>			2. DATE OF DEATH <i>5/25/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>801 Jeffery St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. City 25-04</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>801 Jeffery St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 11-1899</i>	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Post Office</i>		
11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Louis Doroba</i>			14. MOTHER'S MAIDEN NAME <i>Helen</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>			16. SOCIAL SECURITY NO. <i>1st + 2nd World War</i>		
17. INFORMANT <i>Leora M. Doroba</i>			ADDRESS		

MEDICAL CERTIFICATION

18. <i>446X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>sudden heart failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5-6 years</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>malignant hypertension</i>			(B) <i>malignant renal disease</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>INJURY</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>19</i> , to <i>19</i> , that I last saw the deceased alive on <i>25 May 1951</i> , and that death occurred at <i>2:47 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Eugene Klingler</i>		23B. ADDRESS <i>3904 S. Heron.</i>		23C. DATE SIGNED <i>5.25-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 28-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto. National</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. FUNERAL DIRECTOR <i>2426 E. 9th Ave</i>		24F. ADDRESS <i>2007 Eastern Ave</i>	

39090

133 B

100

RECEIVED BY THE
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
LAND OFFICE

VALLEY
SERIES
BOOK
100

420 51 4708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4708

Registered No.

BIRTH NO.

51-08321

1. NAME OF DECEASED
(Type or Print)

ELIZABETH WALLACE

2. DATE
OF
DEATH

May 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
location)

2600 Round Road

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

25-32

D. STREET ADDRESS (If rural, give location)

2600 Round Road

Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 13, 1951

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

28

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 924.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Asphyxiation due to accidental
DUE TO strangulation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2600 Round Road

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

5-11-51

m.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Sleeping with mother

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. V. V.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

M.D.

23C. DATE SIGNED
5-24-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/16/51

24C. NAME OF CEMETERY OR CREMATORY

CITY OF BALTIMORE

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. Williams, M.D.

25. FUNERAL DIRECTOR

J. B. O. O. O. M. D.

ADDRESS

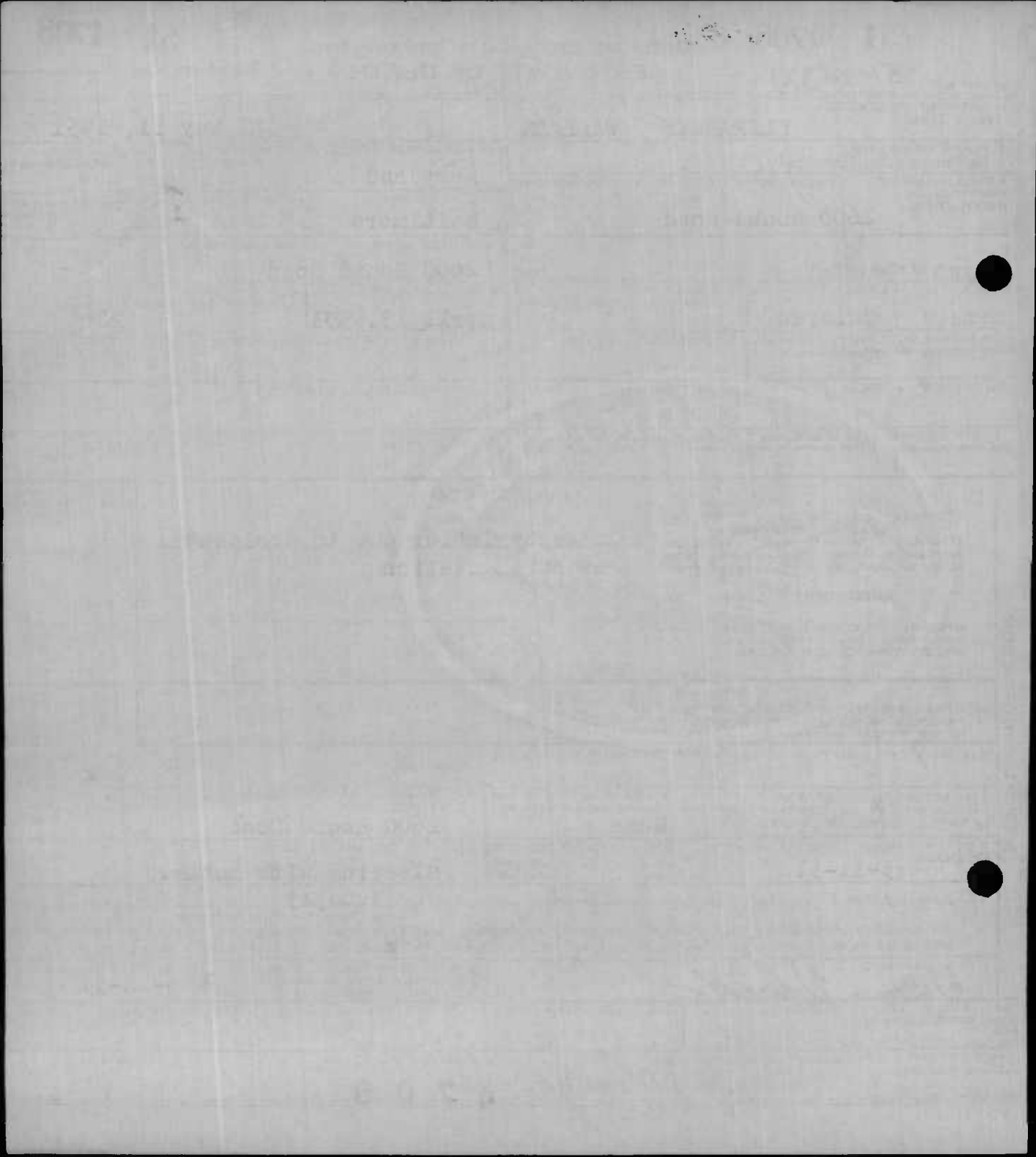
MAY 25 1951

V.S. 151

N-991X

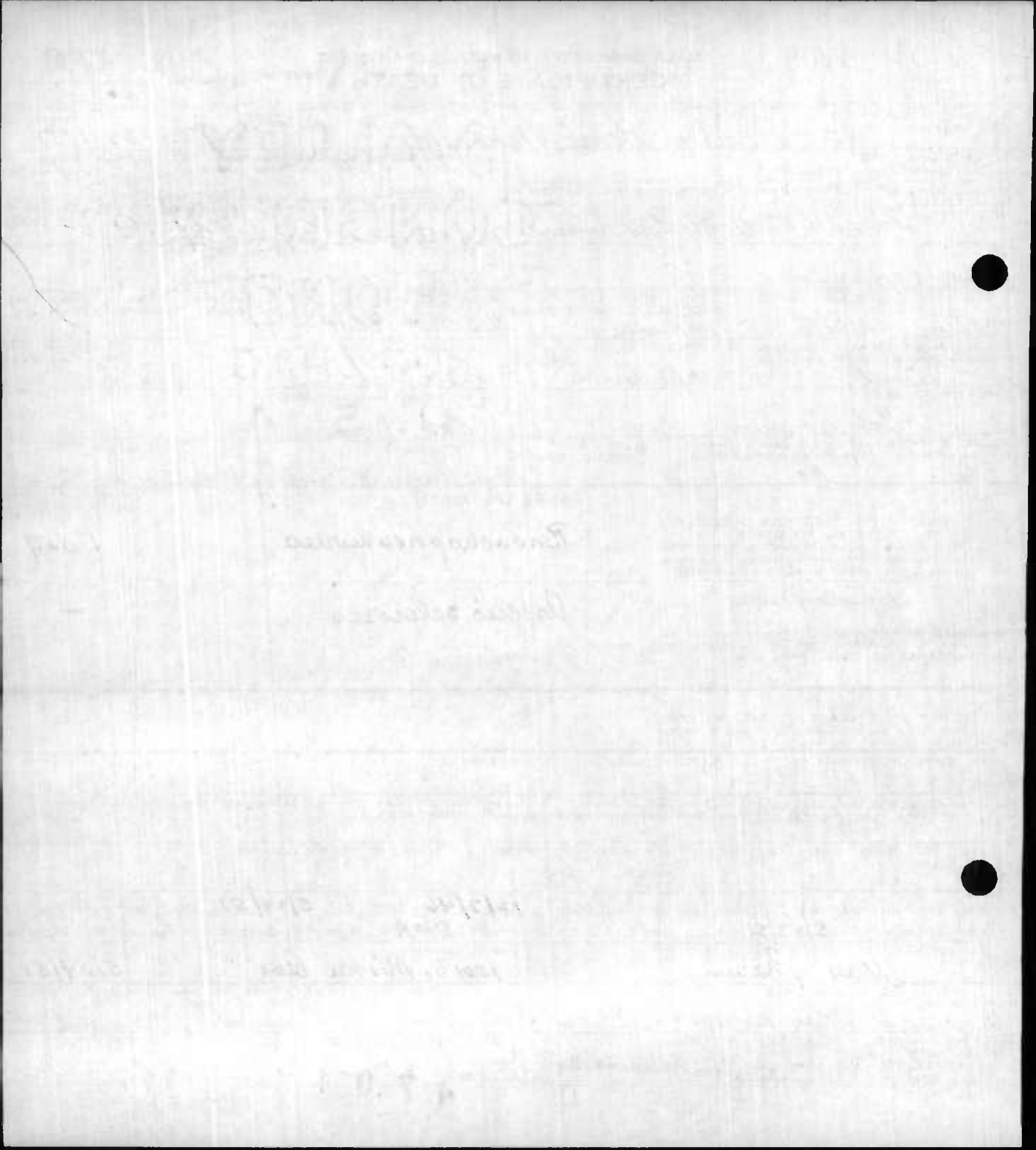
182a ✓

MEDICAL CERTIFICATION



300		51 4709		BALTIMORE CITY HEALTH DEPARTMENT		51 4709	
BIRTH NO.				Registered No.			
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
Jules Henri Gauthier				May-24-1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE B. COUNTY			
B. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
(Home) 1655 N. Milton Avenue				Baltimore City 8-02			
Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
75				1655 N. Milton Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY?
Male	White	Married	Dec.-20-1854	96			U. S. A.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Retired		Carpenter	Switzerland		U. S. A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Not Known			Not Known				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
No			Miss Anna M. Gauthier (daughter) Balto. Md.				
18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
ANTECEDENT CAUSES				(A) Bronchopneumonia			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) Arterio sclerosis			
				(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/7/46, 19 to 5/24/51, 19, that I last saw the deceased alive on 5/23/51, 19, and that death occurred at 8:20 A. m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
May Baum		M. D. 1501 G. Mitche Ave		5/24/51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		May-26-1951		Druid Ridge Ceme.		Pikesville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS			
MAY 25 1951		Huntington Williams, Jr.		Stewart & Mawer Co., 108 W. North Ave.			
VS 150		99510004		City #1. 107			

MEDICAL CERTIFICATION



163
4710

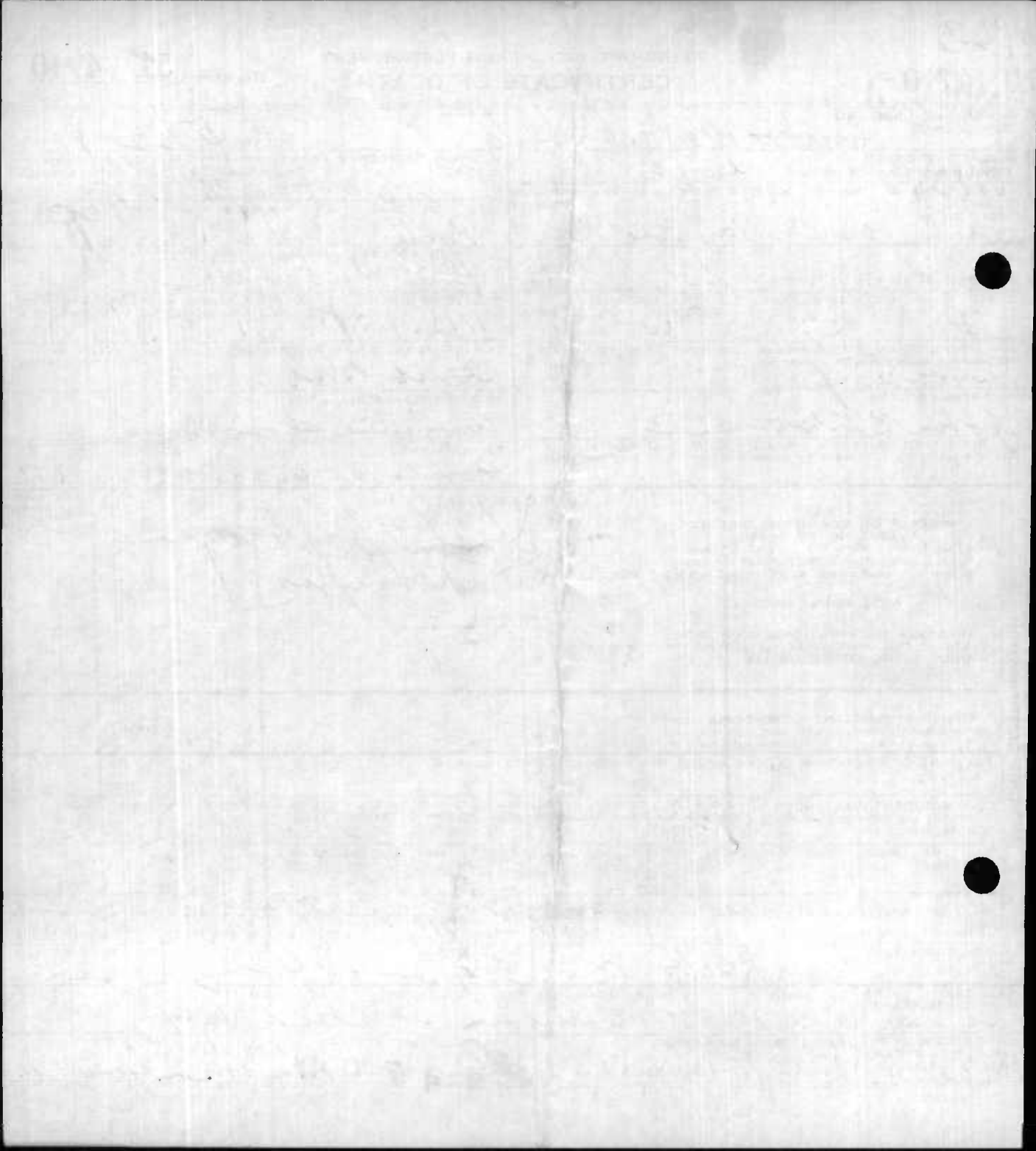
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4710

1. NAME OF DECEASED (Type or Print) <i>Cenbro H. Va. Roberts</i>		2. DATE OF DEATH <i>5/22-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>18-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1050 W Fayette St</i>		C. CITY OR TOWN (If outside corporate limit, write RURAL and give township) <i>Balto Md</i>	
D. STREET ADDRESS (If rural, give location) <i>1050 W. Fayette</i>		E. LENGTH OF STAY IN BALTIMORE <i>Life</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>11/26/1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John C. Boardley</i>		14. MOTHER'S MAIDEN NAME <i>Virginia Boardley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Annie Foster</i>		ADDRESS <i>1550 W Fayette St</i>	

18. <i>334X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Ape. fluxy + Paralysis</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/17</i> 19 <i>51</i> , to <i>5/22</i> 19 <i>51</i> , that I last saw the deceased alive on <i>5/22</i> 19 <i>51</i> , and that death occurred at <i>4:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>B. M. Rietz</i>		23B. ADDRESS <i>2139 W. Hill</i>		23C. DATE SIGNED <i>5/22-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/27/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt auburn ct</i>	
24D. LOCATION (City, town, or county) <i>Balto City</i>		24E. STATE <i>(State)</i>		25. FUNERAL DIRECTOR <i>108 W</i> ADDRESS <i>108 W Montgomery St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 25 1951</i>		REGISTRAR'S SIGNATURE <i>W. L. Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>108 W</i> ADDRESS <i>108 W Montgomery St</i>	



CERTIFICATE CORRECTED

8-8-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 4711

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose M. Wiegand

2. DATE
OF
DEATH

5-25-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or institution)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bd Cto. - 20-04

D. STREET ADDRESS (If rural, give location)

2547 Hopkins St.

Length of stay in Baltimore

Life

5. SEX

Fem.

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 8, 1873

9. AGE (In years last birthday)

77 yrs

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Work

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Peter Wiegand

14. MOTHER'S MAIDEN NAME

Frances Seawald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edward Rees, 110 E. Lexington St.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterial hypertension

(C) Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-24, 1951 to 5-25, 1951, that I last saw the deceased alive on 5-24, 1951 and that death occurred at 2 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Diazza

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

5-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/28/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

John F. Brown

ADDRESS

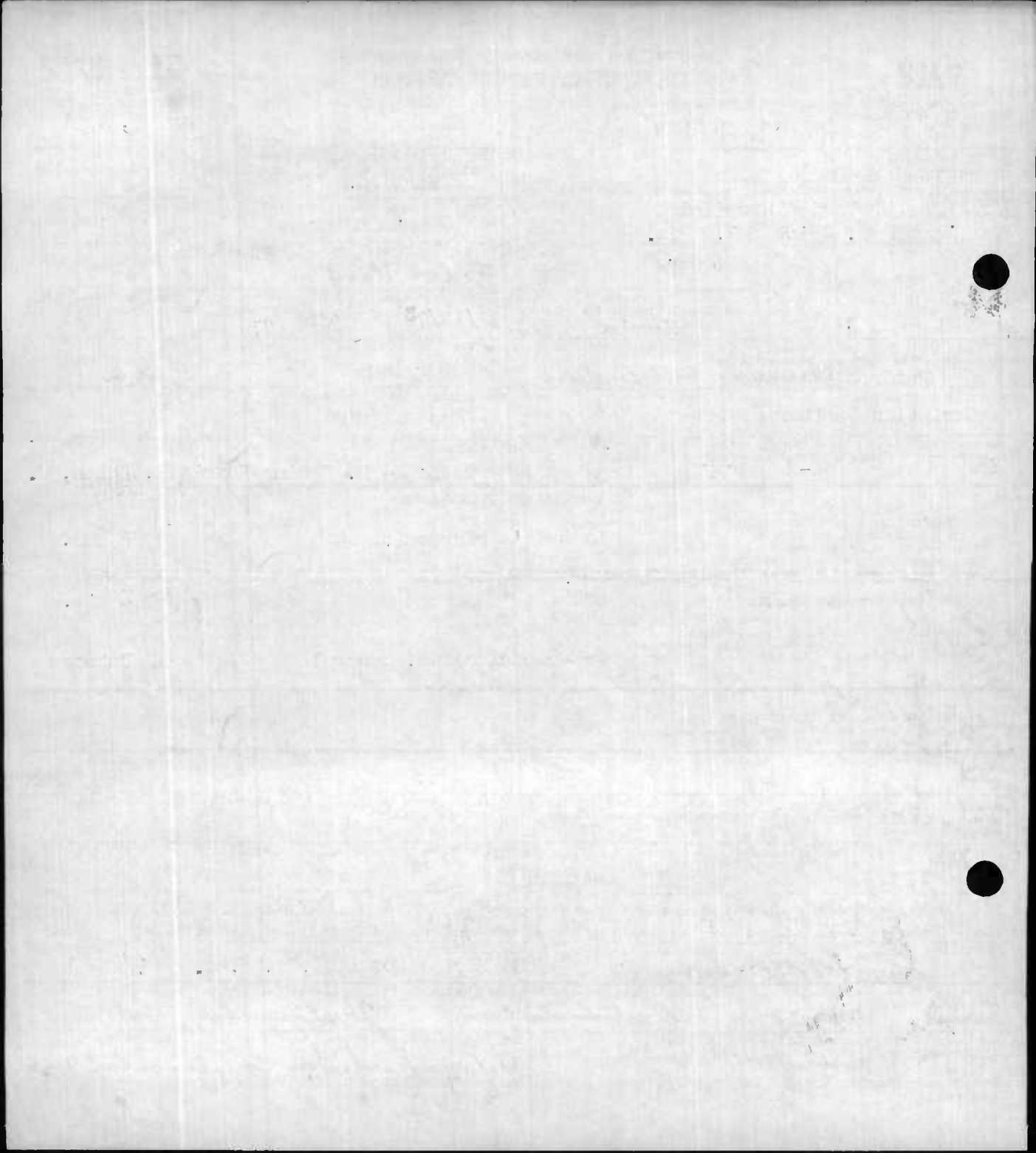
2547 Hopkins St.

SA-4131

536
51 4712
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 51 4712

1. NAME OF DECEASED (Type or Print) GEORGE GUNTHER		2. DATE OF DEATH May 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Barnoll	
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster	
D. Length of stay in Baltimore 6 days		E. STREET ADDRESS (If rural, give location) Ridge Road 5641	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/12/78
9. AGE (In years last birthday) 77		10. AGE (In years last birthday) Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoemaker Self Employed		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Christian Gunther		14. MOTHER'S MAIDEN NAME Anna Giggard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes WW-1 Army		16. SOCIAL SECURITY NO. None	
17. INFORMANT Records- US Marine Hospital, Balto, Md.		ADDRESS	
18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Laennec's cirrhosis DUE TO Ascites DUE TO Arteriosclerosis, general		INTERVAL BETWEEN ONSET AND DEATH 6 mos. 6 wks. Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 19 19 51 , to May 25 19 51 , that I last saw the deceased alive on May 25 19 51 , and that death occurred at 10 A m., from the causes and on the date stated above.			
23A. SIGNATURE John S. Benson		23B. ADDRESS US Marine Hospital, Balto, Md.	
23C. DATE SIGNED 5/25/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 28/51	
24C. NAME OF CEMETERY OR CREMATORY Westminster Cem.		24D. LOCATION (City, town, or county) (State) Westminster Md.	
25. FUNERAL DIRECTOR H. Bankard, Son Westminster Md		ADDRESS	



326
4713BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4713
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Catherine I. Rodgers</i>		2. DATE OF DEATH <i>MAY 25, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Montgomery</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pinecrest Sanatorium</i> <i>600 S. Clarks Gate Lane</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Bethesda</i>			
C. Length of stay in Baltimore <i>2</i> Mos. <i>1951</i>		D. STREET ADDRESS (If rural, give location) <i>4801 St. Elmo - Ave 6500</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>23 Jan.</i>	9. AGE (In years last birthday) <i>77</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Bethesda Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>William Locke</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Ringelt</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>Records</i>		17. INFORMANT ADDRESS <i>Records</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION</i> DUE TO <i>Hypertensive Cardio-Vascular Disease</i> DUE TO <i>Chronic Hypertrophic Arthritis Senility with Psychoses</i>		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <i>?</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 11, 1951</i> , to <i>MAY 25, 1951</i> , that I last saw the deceased alive on <i>MAY 24, 1951</i> , and that death occurred at <i>8:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William N. Bowden</i>		23B. ADDRESS <i>2030 W. Fayette St</i>		23C. DATE SIGNED <i>5/25/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>28 May 51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Marys Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Rockville, Maryland</i>		24E. FUNERAL DIRECTOR <i>Robert A. Rumphrey</i>		24F. ADDRESS <i>Bethesda, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 25 1951</i>		REGISTRAR'S SIGNATURE <i>Robert A. Rumphrey</i>		24G. ADDRESS <i>Robert A. Rumphrey - W. 93c</i>	

UNITED STATES OF AMERICA

WITNESSES



Subscribed and sworn to before me this 28th day of May, 1964, at the County of Cook, State of Illinois.

Notary Public for Illinois

520
51 4714
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4714

1. NAME OF DECEASED (Type or Print) HOWARD THOMAS GONCE		2. DATE OF DEATH 5-23-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY -	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)	
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1321 Branch Ave.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3-28-1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) drafterman		10B. KIND OF BUSINESS OR INDUSTRY City of Baltimore	9. AGE (In years last birthday) 59
13. FATHER'S NAME Thomas GONCE		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unk.		16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		ADDRESS <input checked="" type="checkbox"/>	

18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic heart disease DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	(A) Rheumatic heart disease
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)	(B)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)	(C)

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21B. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 23, 1951 , to May 23, 1951 , that I last saw the deceased alive on May 23, 1951 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Alfred S. Nelson		23B. ADDRESS Baltimore, Maryland		23C. DATE SIGNED May 23, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE May 26 1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 25 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR J. McElroy Jenkins	
VS 150		035 93		2713 Kirkwood	

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1 4715 61-11595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4715

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Andrae Susan Kuchta</i>		2. DATE OF DEATH <i>5-26-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2501 Fleet St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>5/24/51</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Albert John M. Kuchta</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <i>762.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>35 hrs 43 min</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Atelectasis</i>	
ANTECEDENT CAUSES	(B) <i>Intrauterine anoxia</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Short umbilical cord</i>	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Probable congenital anomalies*

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>5-24</i> , 1951, to <i>5-26</i> , 1951, that I last saw the deceased alive on <i>5-25</i> , 1951, and that death occurred at <i>1:30</i> Am., from the causes and on the date stated above.		
23A. SIGNATURE <i>Murray</i>	23B. ADDRESS <i>St Agnes Hosp</i>	23C. DATE SIGNED <i>5-26-51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5-26-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. County</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 26 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John H. Wobes</i>	
		ADDRESS <i>401 S. Charles</i>	

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1 4716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4716

1. NAME OF DECEASED (Type or Print) ANNIE WOODY		2. DATE OF DEATH 5-26-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lanham	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) RST	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) CORONARY THROMBOSIS DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) ARTERIO SCLEROSIS DUE TO	
	(C) DIABETES MELLITUS	10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia		1 week
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

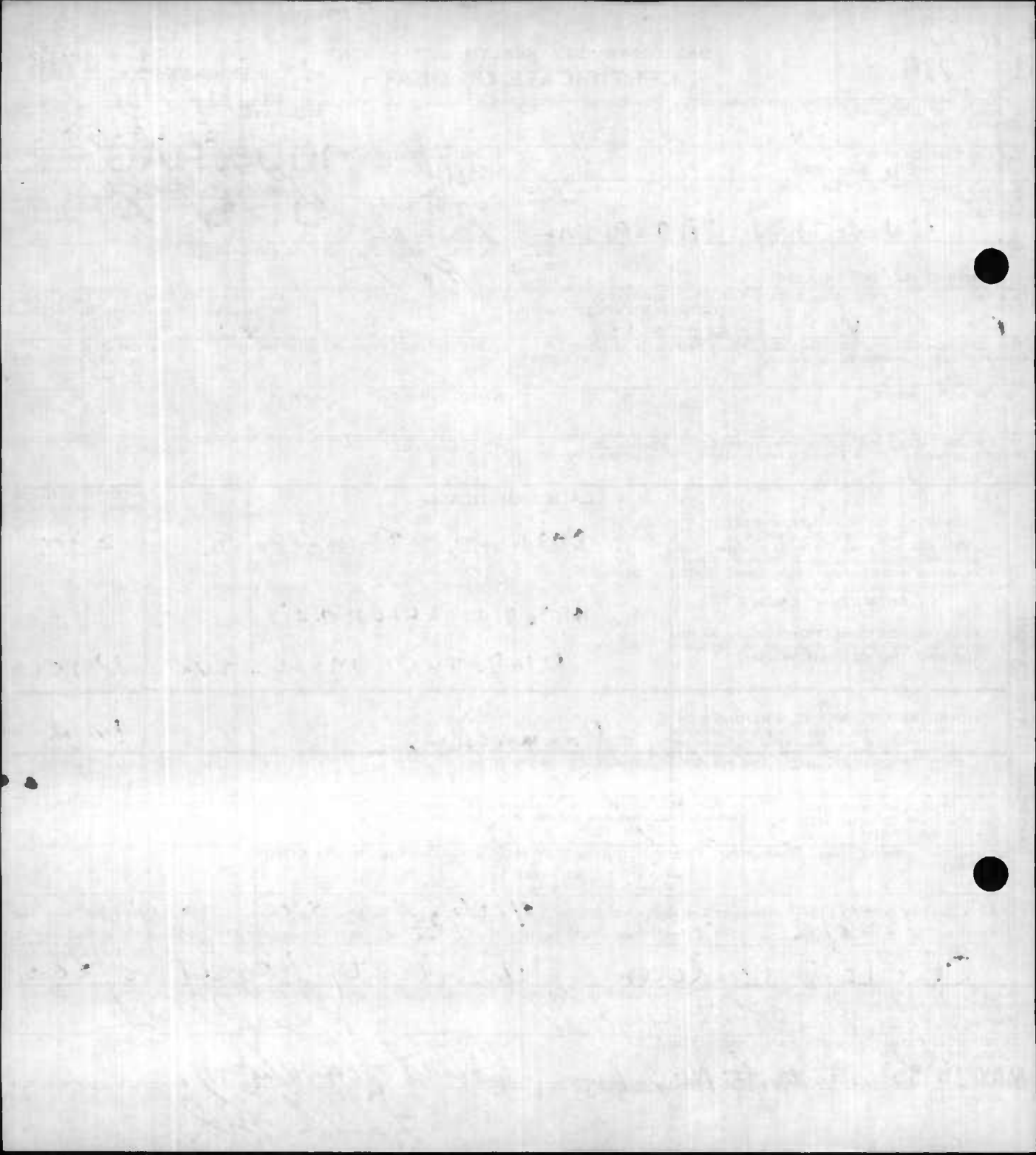
22. I hereby certify that I attended the deceased from **5/19/51**, 19**51**, to **5/26**, 19**51**, that I last saw the deceased alive on **5/26**, 19**51**, and that death occurred at **1:25** m., from the causes and on the date stated above.

23A. SIGNATURE Charles Henderson	23B. ADDRESS University Hospital	23C. DATE SIGNED 5-26-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 28-51	24C. NAME OF CEMETERY OR CREMATORY Loydell	24D. LOCATION (City, town, or county) (State) Lanham Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1951	REGISTRAR'S SIGNATURE Walter Williams	25. FUNERAL DIRECTOR'S ADDRESS Walter Williams
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Lanham Md. 61



540
51 4717BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4717
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary Joseph O'Neill		May 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write PARISH and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3337 Windsor Ave.,			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 30, 1883	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY --		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Murphy		14. MOTHER'S MAIDEN NAME Mary Hagerty			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Katherine O'Neill 3337 Windsor Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 420.1 Coronary occlusion		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY Stanley H. Dunsen M. D. CHIEF OR ASST. MEDICAL EXAMINER.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/10, 1947, to 5/24, 1951, that I last saw the deceased alive on 4/12, 1951, and that death occurred at 11 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Robert A. Reiter		23B. ADDRESS M. D. 3408 Windsor Ave.		23C. DATE SIGNED 5/25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-28-1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (City, town, or county) Baltimore		24F. LOCATION (City, town, or county) Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1951		REGISTRAR'S SIGNATURE Walter J. Williams, M.D.		25. FUNERAL DIRECTOR G. Howard Strong	
				ADDRESS 3207 W. North Ave.,	

Dr. R. H. K. R.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4718**

652
51 4718
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George C. Frank			2. DATE OF DEATH 5-24-51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Baltimore, Maryland b. COUNTY Baltimore, Maryland		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Bon Secours Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland		
c. Length of stay in Baltimore 13 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3124 BELMONT AVE		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-1-73		9. AGE (in years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Asst. Buyer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME George Frank			14. MOTHER'S MAIDEN NAME Elizabeth Schaeffer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-12-2057	17. INFORMANT ADDRESS Clara M. Frank 3124 Belmont Ave		

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Me taken to emergency of prostate		CAUSE OF DEATH Me taken to emergency of prostate	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 11 , 19 51 , to May 24 , 19 51 , that I last saw the deceased alive on 5-24 , 19 51 , and that death occurred at 6:10 p. m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		23b. ADDRESS BSH		23c. DATE SIGNED 5-24-51	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-28-51		24c. NAME OF CEMETERY OR CREMATORY Loudon Park		24d. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1914-1915

TO THE SECRETARY OF THE INTERIOR
WASHINGTON, D. C.

FROM THE DIRECTOR OF THE BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.

SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

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4719

NOT MED EXAM CASE RELEASED TO HOSP.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 4719

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DOROTHY MCCREADY

2. DATE OF DEATH MAY 25, 1951

3. PLACE OF DEATH: a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE VIRGINIA b. COUNTY V-43

5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portsmouth

7. STREET ADDRESS (If rural, give location) 1026 Rd.

8. Length of stay in Baltimore Yrs. Mos. Days

9. SEX FEMALE 10. COLOR OR RACE WHITE 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

12. DATE OF BIRTH Oct 8, 1913 13. AGE (In years last birthday) 37

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country) CALIFORNIA 17. CITIZEN OF WHAT COUNTRY? U.S.A.

18. FATHER'S NAME HARRY B. STRABON

19. MOTHER'S MAIDEN NAME Stump

20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No 21. SOCIAL SECURITY NO. No

22. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL

23. CAUSE OF DEATH 18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Respiratory failure DUE TO

24. ANTECEDENT CAUSES (B) Brain tumor (astrablastoma) right parietal and temporal lobe. myomata uteri DUE TO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

26. INTERVAL BETWEEN ONSET AND DEATH over

27. 19A. DATE OF OPERATION 28. 19B. MAJOR FINDINGS OF OPERATION 29. 20. AUTOPSY? YES [X] NO []

30. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 31. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 32. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

33. 22. TIME (Month) (Day) (Year) (Hour) INJURY 34. 21E. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 35. 21F. HOW DID INJURY OCCUR?

36. 22. I hereby certify that I attended the deceased from 5-25-1951 to 5-25-1951, that I last saw the deceased alive on 5-25-1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

37. 23A. SIGNATURE 38. 23B. ADDRESS JOHNS HOPKINS HOSPITAL 39. 23C. DATE SIGNED 26 May 51

40. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 41. 24B. DATE May 28, 1951 42. 24C. NAME OF CEMETERY OR CREMATORY City Park Cem 43. 24D. LOCATION (City, town, or county) (State) Portsmouth, Virginia

44. DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1951 45. REGISTRAR'S SIGNATURE Huntington Hollinsworth, M.D. 46. 25. FUNERAL DIRECTOR 47. ADDRESS St. Paul & Raden Co., 708 W. North Ave City #1. 54a

VS 150

See Document File 51-4719
6/13/51
ES

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51 4720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4720

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM MEEKINS <i>Wilma D.</i>		2. DATE OF DEATH May 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore <i>Kearl</i>	
D. STREET ADDRESS (If rural, give location) 3 North Point Road		E. DATE OF BIRTH 8. July 16, 1900 9. AGE (In years last birthday) 50 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
F. COLOR OR RACE Male White		G. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
H. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		I. KIND OF BUSINESS OR INDUSTRY Safety Truck	
J. BIRTH PLACE (State or foreign country) Pa.		K. CITIZEN OF WHAT COUNTRY?	
L. FATHER'S NAME Howard Meekins		M. MOTHER'S MAIDEN NAME Connor	
N. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		O. SOCIAL SECURITY NO.	
P. INFORMANT Howard Meekins		Q. ADDRESS 3233 Lake	

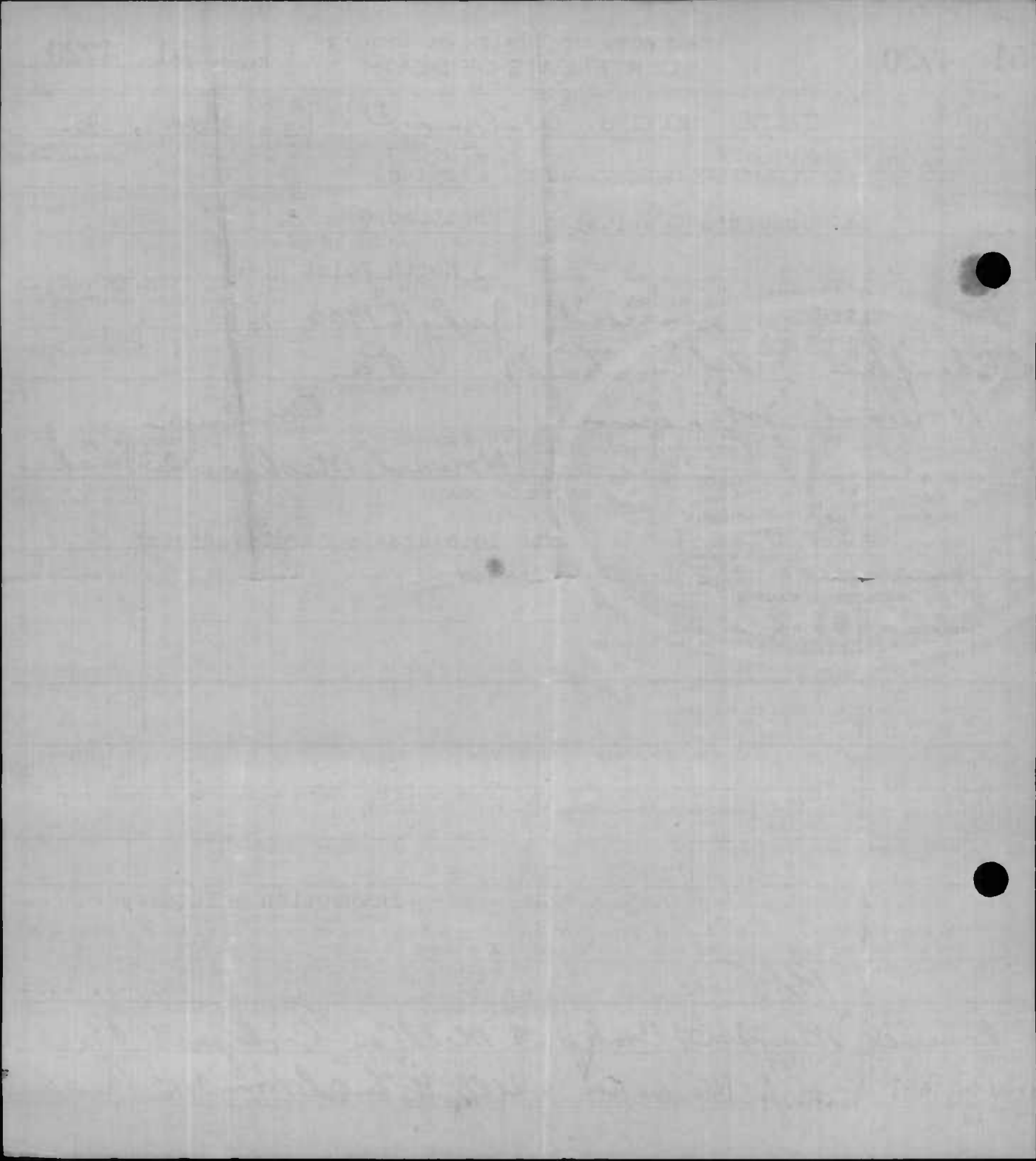
18. 47201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>R. B. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 25, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE May 26/51		24C. NAME OF CEMETERY OR CREMATORY Cookport Methlen	
24D. LOCATION (City, town, or county) (State) Cookport Pa		25. FUNERAL DIRECTOR Ulrich Funeral Home		ADDRESS 2112 Dunderberg	

DATE RECEIVED BY LOCAL REGISTRAR
MAY 26 1951
REGISTRAR'S SIGNATURE
W. H. Williams, M.D.
V.S. 151
68251



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 4721
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) PAUL P. DWYER		2. DATE OF DEATH May 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 610 S. Oldham Street			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 3, 1880	9. AGE (In years last birthday) 71	If Under 1 Year Months _____ Days _____ If Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Stock Clerk			10B. KIND OF BUSINESS OR INDUSTRY McDowell Pyle Co.		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Wilfred Dwyer			14. MOTHER'S MAIDEN NAME Virginia McGee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ?			16. SOCIAL SECURITY NO. 217-03-8684		
17. INFORMANT Paul F. Dwyer, Belair Road			ADDRESS		

MEDICAL CERTIFICATION

18. 353.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Epilepsy (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Epilepsy	INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William L. ...</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED May 24, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 5/26/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Parkville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1951	REGISTRAR'S SIGNATURE <i>... ..</i>	25. FUNERAL DIRECTOR 2177 St. Paul Street	

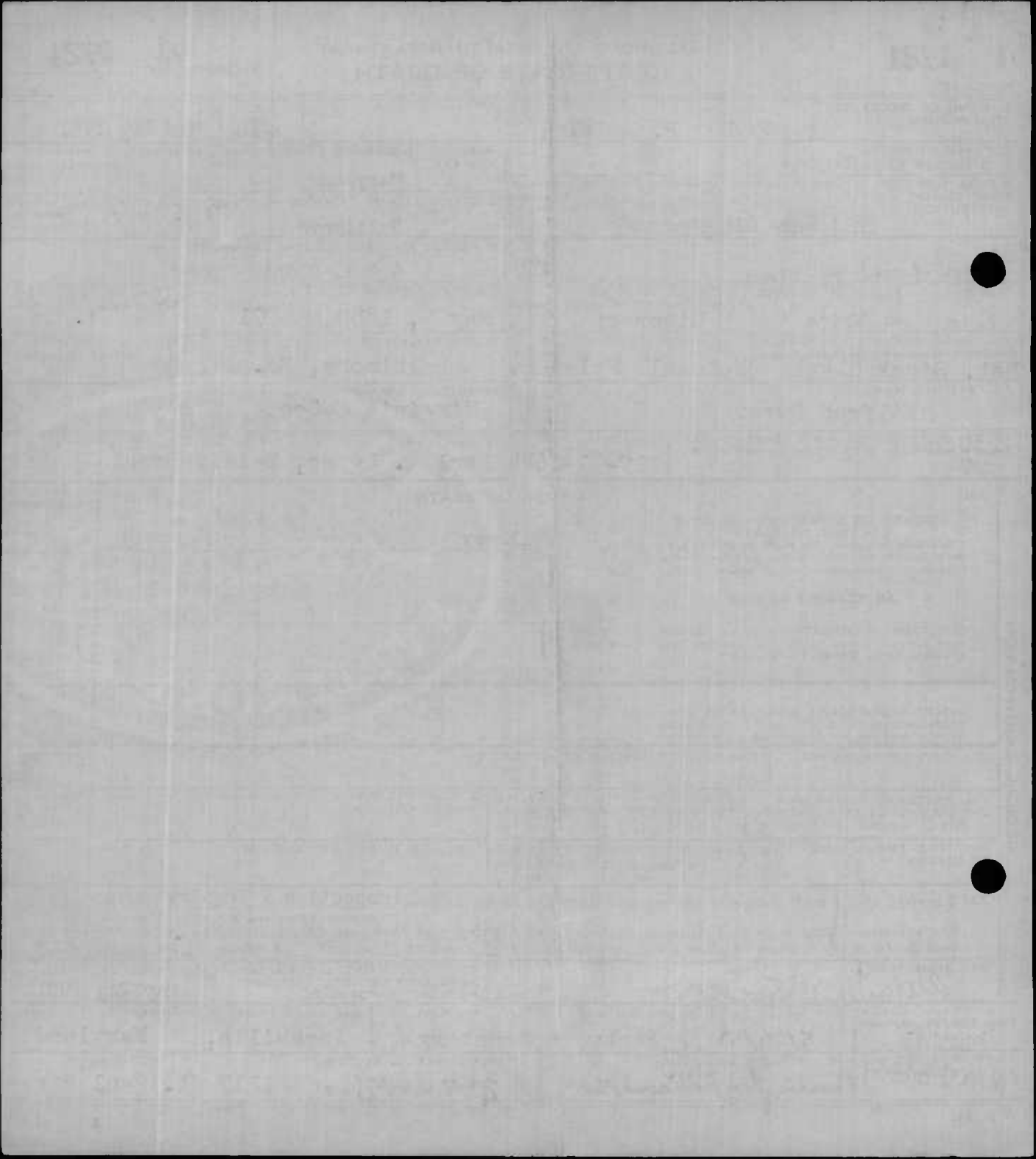
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THE UNIVERSITY OF CHICAGO
LIBRARY

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51 4722BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4722
Registered No.

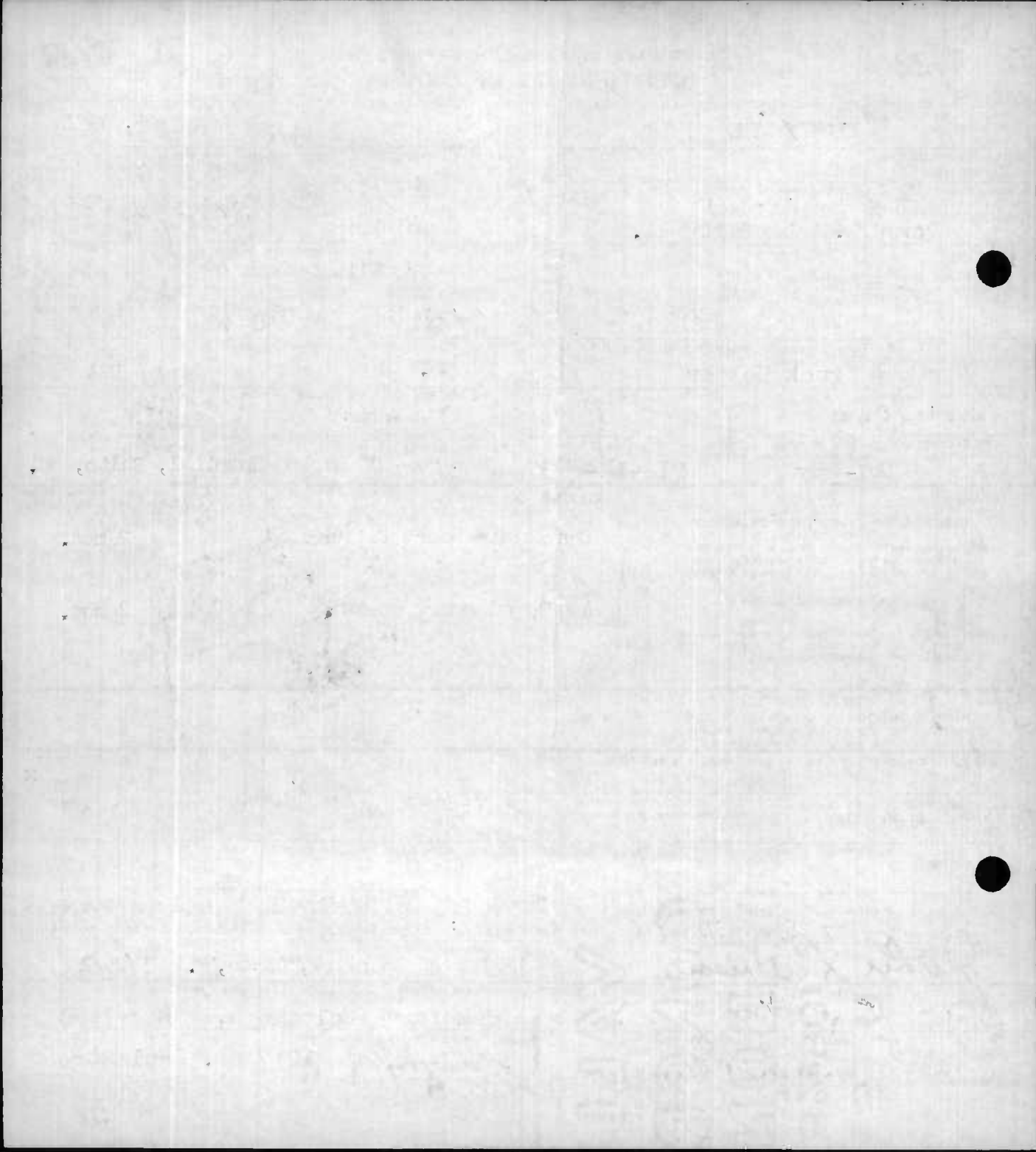
BIRTH NO.			2.		
1. NAME OF DECEASED (Type or Print) FLOYD PAYNE			DATE OF DEATH May 25, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Marine Hospital INSTITUTION Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore ?			D. STREET ADDRESS (If rural, give location) 922 Wilmot Court		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/4/92 ?	9. AGE (in years last birthday) 58 ?	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Truck Helper		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Payne		14. MOTHER'S MAIDEN NAME Ella Menns			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 212-14-8495		17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) WWI-Army					

18. 434.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Congestive heart failure		2 mos.
ANTECEDENT CAUSES	(B) Acute pulmonary edema		2 mos.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1 , 19 51 , to May 25 , 19 51 , that I last saw the deceased alive on May 25 , 19 51 , and that death occurred at 9:30A m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 5/25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/28/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Wm. Cook & Co. 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Wm. Cook & Co. 1217 St. Paul Street	

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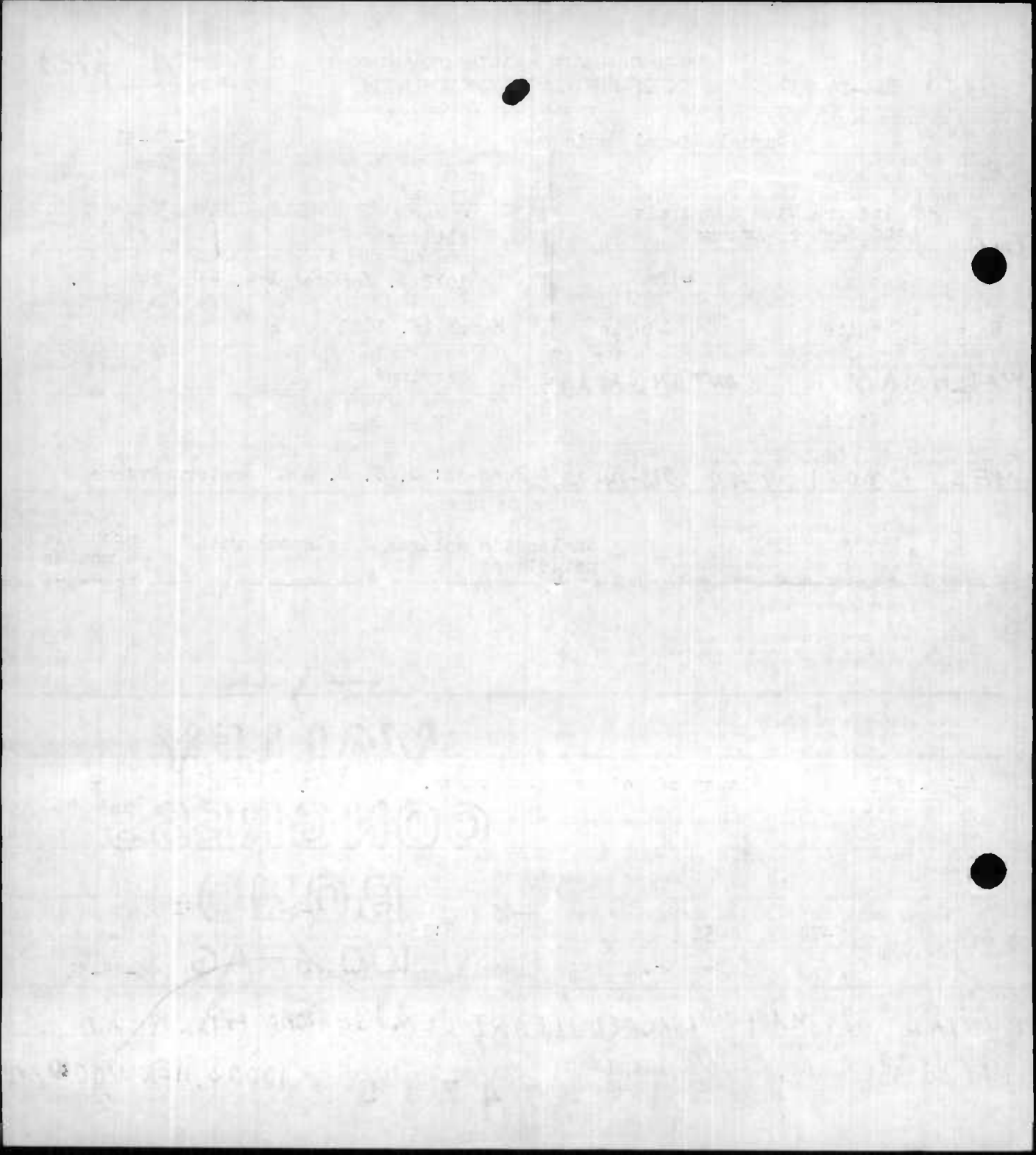


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4723
Registered No.

4723 REA-147957

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel Edward Davis		2. DATE OF DEATH 5-24-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1012 S. Kenwood Ave. zone 24	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 16, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10B. KIND OF BUSINESS OR INDUSTRY CANTON GARAGE	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William		14. MOTHER'S MAIDEN NAME Mary Dunn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES.		16. SOCIAL SECURITY NO. 213-14-0282	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	
18. 190 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Amelanotic malignant melanoma with metastases CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH probable 6 months to years			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 4-30-1951		19B. MAJOR FINDINGS OF OPERATION Biopsy of pedunculated tumor, left inguinal region	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-25 , 19 51 , to 5-24 , 19 51 , that I last saw the deceased alive on 5-24 , 19 51 , and that death occurred at 8:15 A. m., from the causes and on the date stated above.			
23A. SIGNATURE J. S. [Signature] M. D.		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 5-25-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 28 MAY 1951	
24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM		24D. LOCATION (City, town, or county) (State) GERMAN HILL ROAD	
25. FUNERAL DIRECTOR Stephen J. Fialkowski, Inc		ADDRESS 1000 S. KENWOOD AVE	



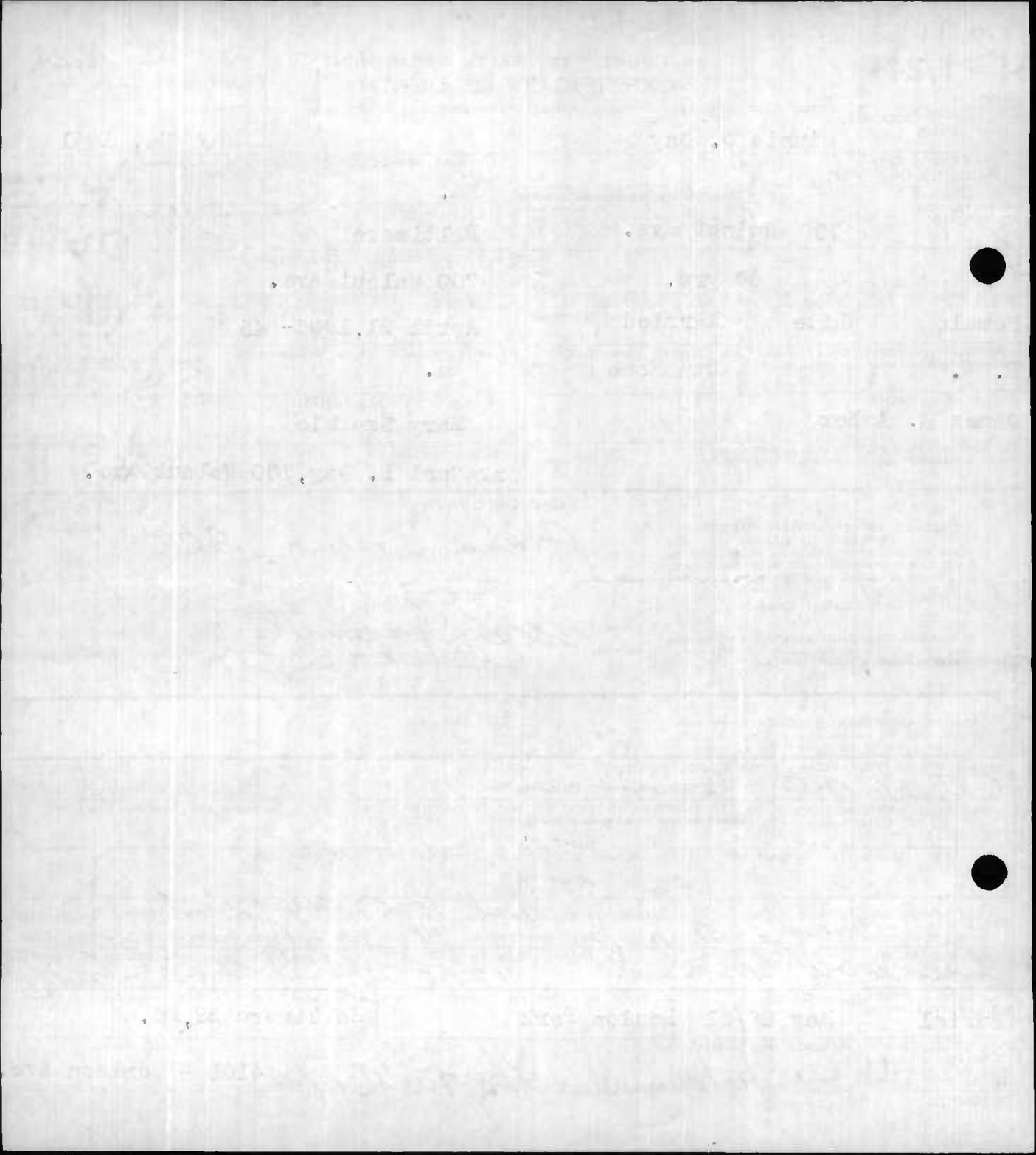
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4724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4724

Registered No.

1. NAME OF DECEASED (Type or Print) Minnie O. Day		2. DATE OF DEATH May 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 700 Walnut Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 700 Walnut Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21, 1906-45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. N.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	
13. FATHER'S NAME James E. Asher		14. MOTHER'S MAIDEN NAME Mary Bramble	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Carl L. Day, 700 Walnut Ave.		ADDRESS	
18. 163X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma left lung. DUE TO Malignant mesothelioma DUE TO Asbestosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 7 mos <input checked="" type="checkbox"/>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Oct 31-1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 16 1950 to May 24, 1951 , that I last saw the deceased alive on May 24, 1951 , and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE John A. Graham M. D.		23B. ADDRESS 1219 Poplar Grove	
23C. DATE SIGNED 5/26/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 28/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore 29, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1951		REGISTRAR'S SIGNATURE Harold H. Witzke	
25. FUNERAL DIRECTOR Harold H. Witzke		ADDRESS 4101 Edmondson Ave.	



③ W-100
4725

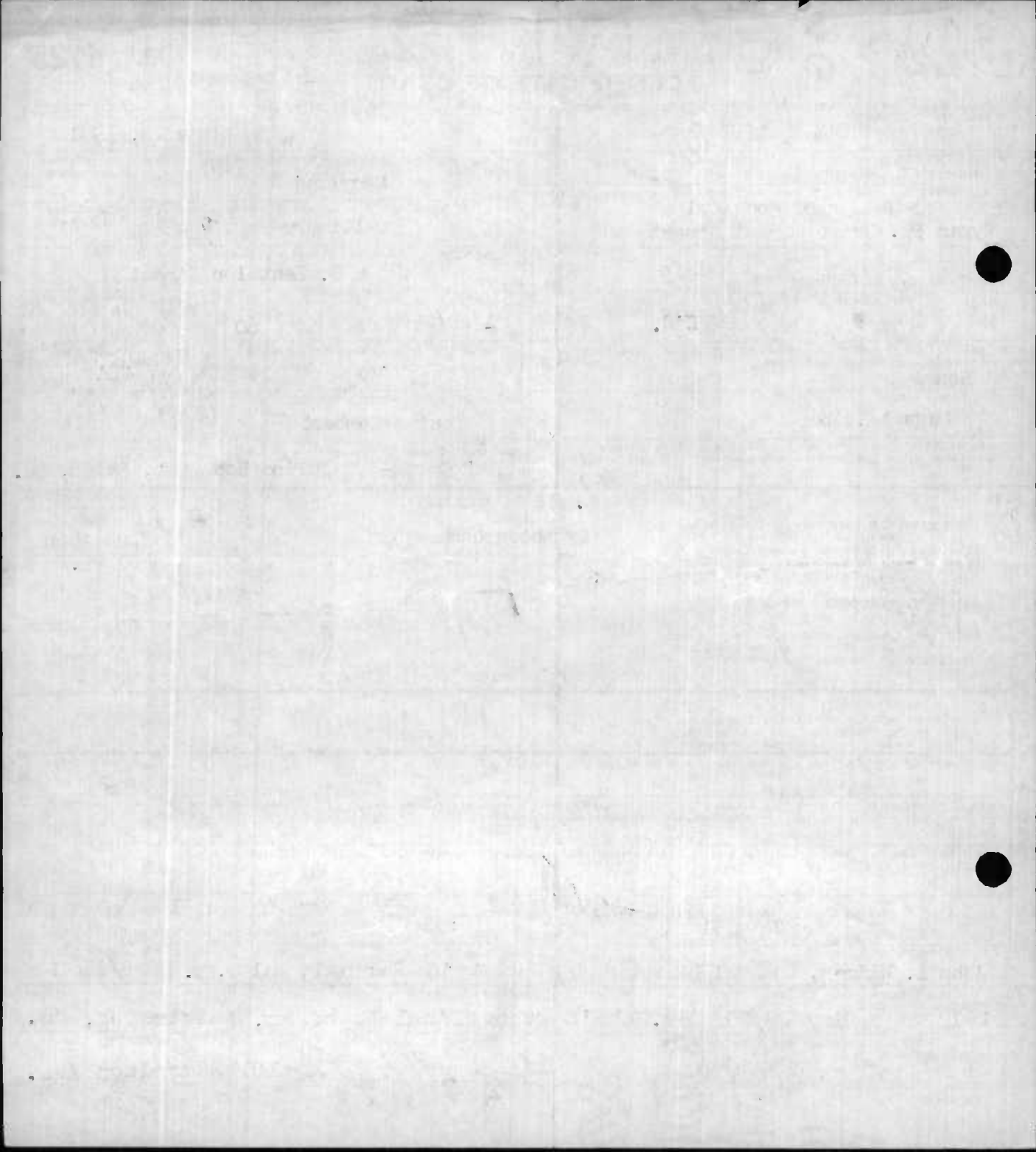
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4725
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HERMAN WEIBE		2. DATE OF DEATH May 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 404 S. Bentalou Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH 1/10/91	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days 10 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME August Weibe		12. CITIZEN OF WHAT COUNTRY? USA			
14. MOTHER'S MAIDEN NAME Louise Bombert		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?			
16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.			
18. 200.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lymphosarcoma CAUSE OF DEATH ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH More than 1 yr.	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 2 1951 to May 24 1951, that I last saw the deceased alive on May 24 1951, and that death occurred at 8:30A m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 5/24/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 28/51		24C. NAME OF CEMETERY OR CREMATORY St. John's Evangelical Lutheran, Westminster, Md.	
24D. LOCATION (City, town, or county) (State) Edmondson Ave.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1951		24F. REGISTRAR'S SIGNATURE Harry H. Light	
24G. FUNERAL DIRECTOR 4101 Edmondson Ave.		24H. ADDRESS		24I. VS 150	

MEDICAL CERTIFICATION

55E



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4726**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Helen Foreman			2. DATE OF DEATH May 25, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address and location) Avon Apts. 6 East Read St.			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 6 E. Read St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 15, 1900		9. AGE (In years, last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transportation Dept.			10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME Joseph F. Foreman			14. MOTHER'S MAIDEN NAME Virginia Bayly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
			17. INFORMANT Mr. John F. Lewis - 4817 - 36th St., N. W., Washington, DC		

18. **153X1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Metastatic Cancer due To
(A) DUE TO
Cancer of colon
(B) DUE TO
4 mo.
(C) DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION May 25, 1951		19B. MAJOR FINDINGS OF OPERATION Cancer of colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 1951 , to May 25, 1951 that I last saw the deceased alive on May 25, 1951 , and that death occurred at 3:30 pm. , from the causes and on the date stated above.					
23A. SIGNATURE John H. Treacher		23B. ADDRESS 1034 W. Calver St.		23C. DATE SIGNED May 25, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/28/51		24C. NAME OF CEMETERY OR CREMATORY Baker Cem.	
24D. LOCATION (City, town, or county) Aberdeen, Md.		24E. FUNERAL DIRECTOR Wm. J. Treacher & Sons		24F. ADDRESS 46 E. Calver St. Md.	

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WILSON & GILBERT

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BALTIMORE CITY HEALTH DEPARTMENT

51 4727

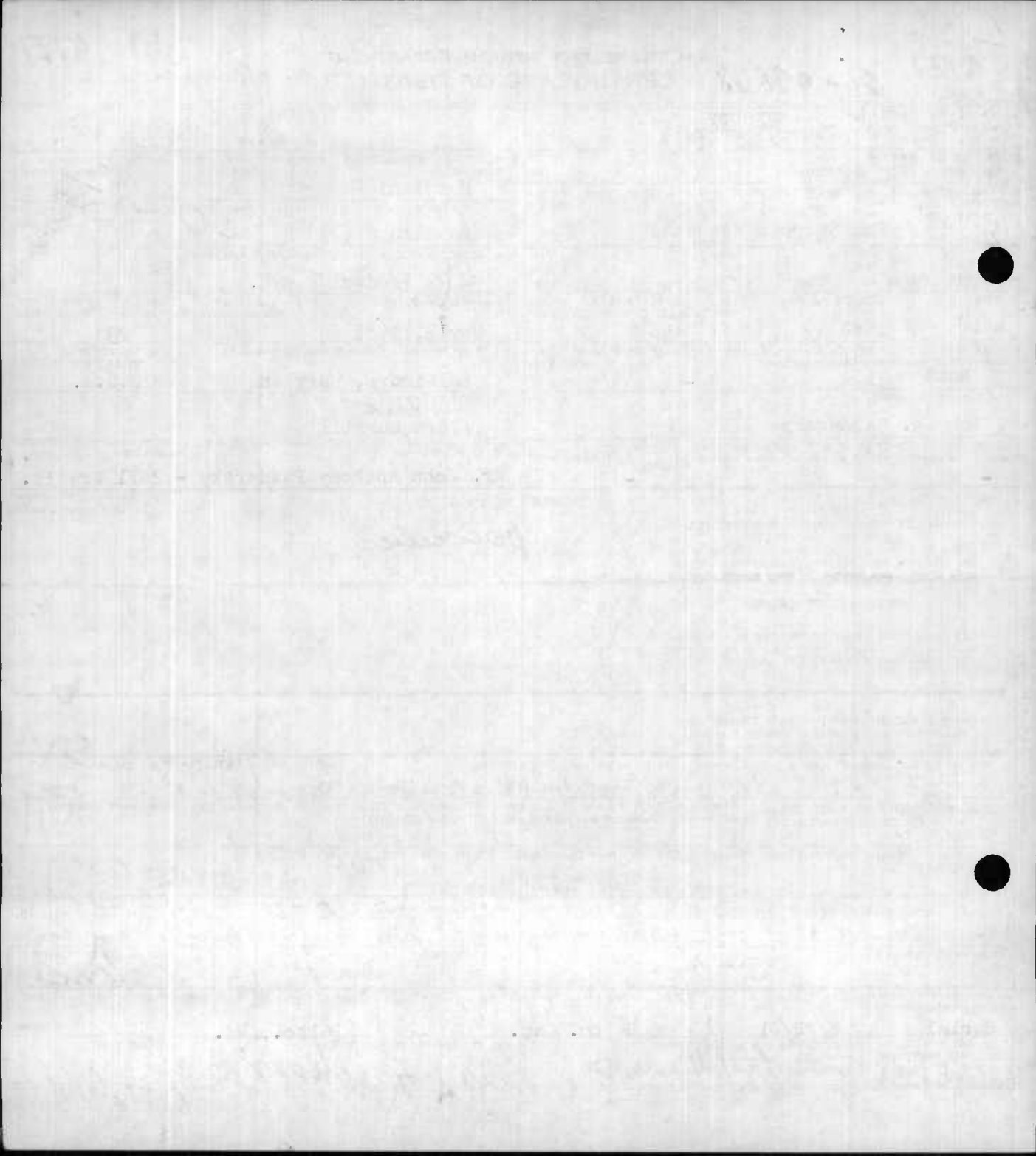
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CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Anthony Baby James/Pazdersky		2. DATE OF DEATH May 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore (23)	
C. Length of stay in Baltimore 23 days		D. STREET ADDRESS (If rural, give location) 2671 Frederick Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 2, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (in years last birthday) 23
13. FATHER'S NAME John A. Pazdersky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	14. MOTHER'S MAIDEN NAME Rose Vera Murrill
17. INFORMANT Mr. John Anthony Pazdersky		ADDRESS Av. 2671 Fred'k.	
18. 5703 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Volvulus DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Small intestines DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5-22-51		19B. MAJOR FINDINGS OF OPERATION Small intestines Volvulus Gangrenous Mesenteric Thrombosis of	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-22-51 , 19 51 , to 5-25 , 19 51 , that I last saw the deceased alive on 5-25 , 19 51 , and that death occurred at 5:30 a.m., from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS B. S. H.	23C. DATE SIGNED May 25, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/25/51	24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 26 1951	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Lickner, Sr.	ADDRESS Balto. Md.

122B



51 4728

51 4728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA HOOVER

2. DATE
OF
DEATH

May 25th, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

625 N. Decker Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

625 N. Decker Avenue

Length of stay in Baltimore

75 Yrs.
6 Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

November 11th 1875

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days

6 14

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

August Runge

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

James Hoover -625 N. Decker Avenue

18. 760X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis
arteriosclerosis

stat -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

arterial Hypertension -
arteriosclerosis

(C) DUE TO

diabetes mellitus

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Hypertensive attack

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to May 25, 1951, that I last saw the
deceased alive on May 20, 1951, and that death occurred at 3:24 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Lauri T. Bennett

M. D.

23B. ADDRESS

722 W. Kenwood Ave

23C. DATE SIGNED

May 24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-28-51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

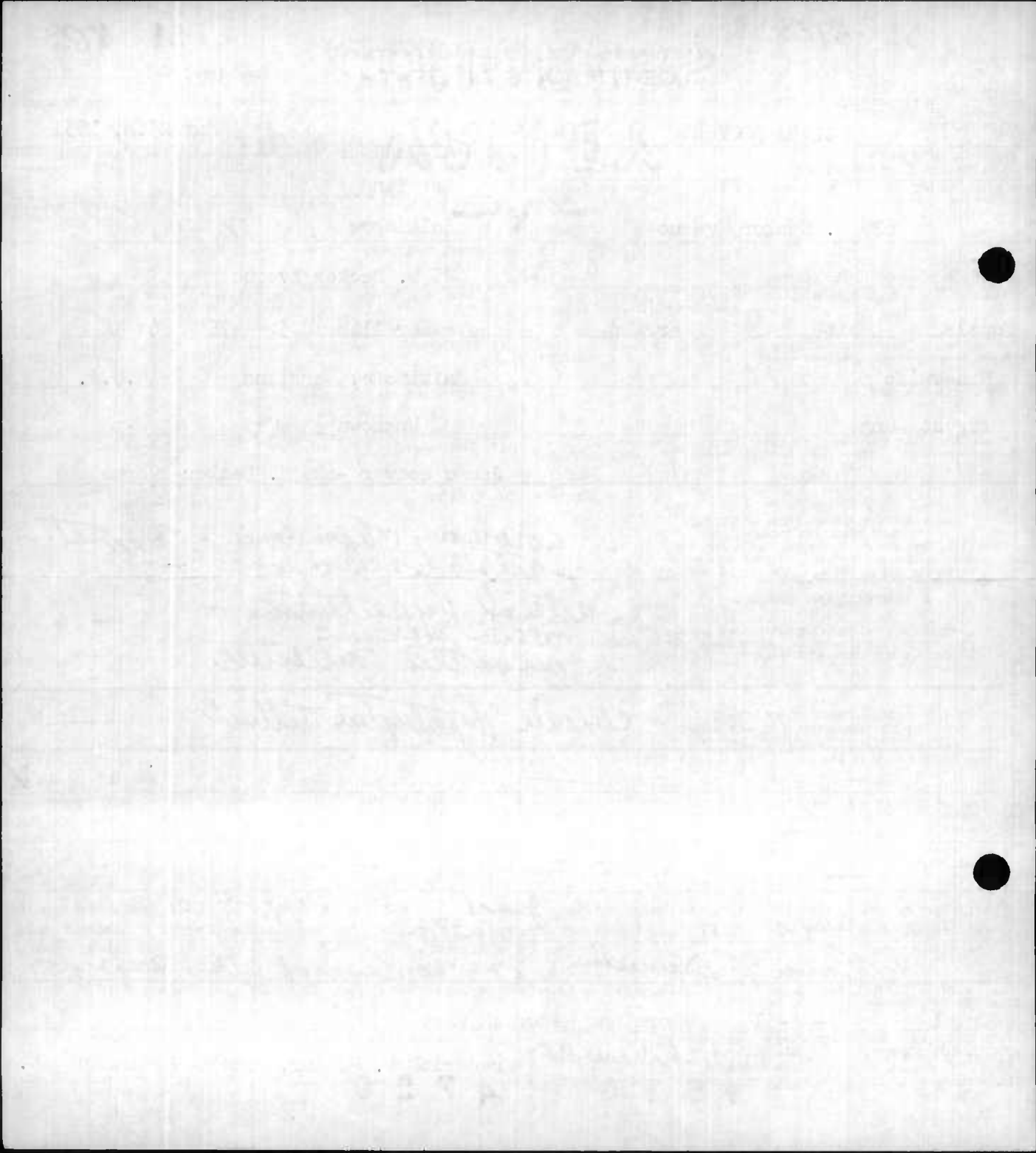
Frederick D. Miller, Inc 3019 Monument St.

VS 150

1-951-0000 4720

61

MEDICAL CERTIFICATION



51 4729

51 4729

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JUNIUS

BLAKE

2. DATE
OF
DEATH

May 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

814 W. North Gay St.

Length of stay in Baltimore

28 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 18, 1891

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Essex Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William

Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Edgemeare Md.

Nellie Ranson 2507 Sycamore Ave

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
May 23, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/28/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 27 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

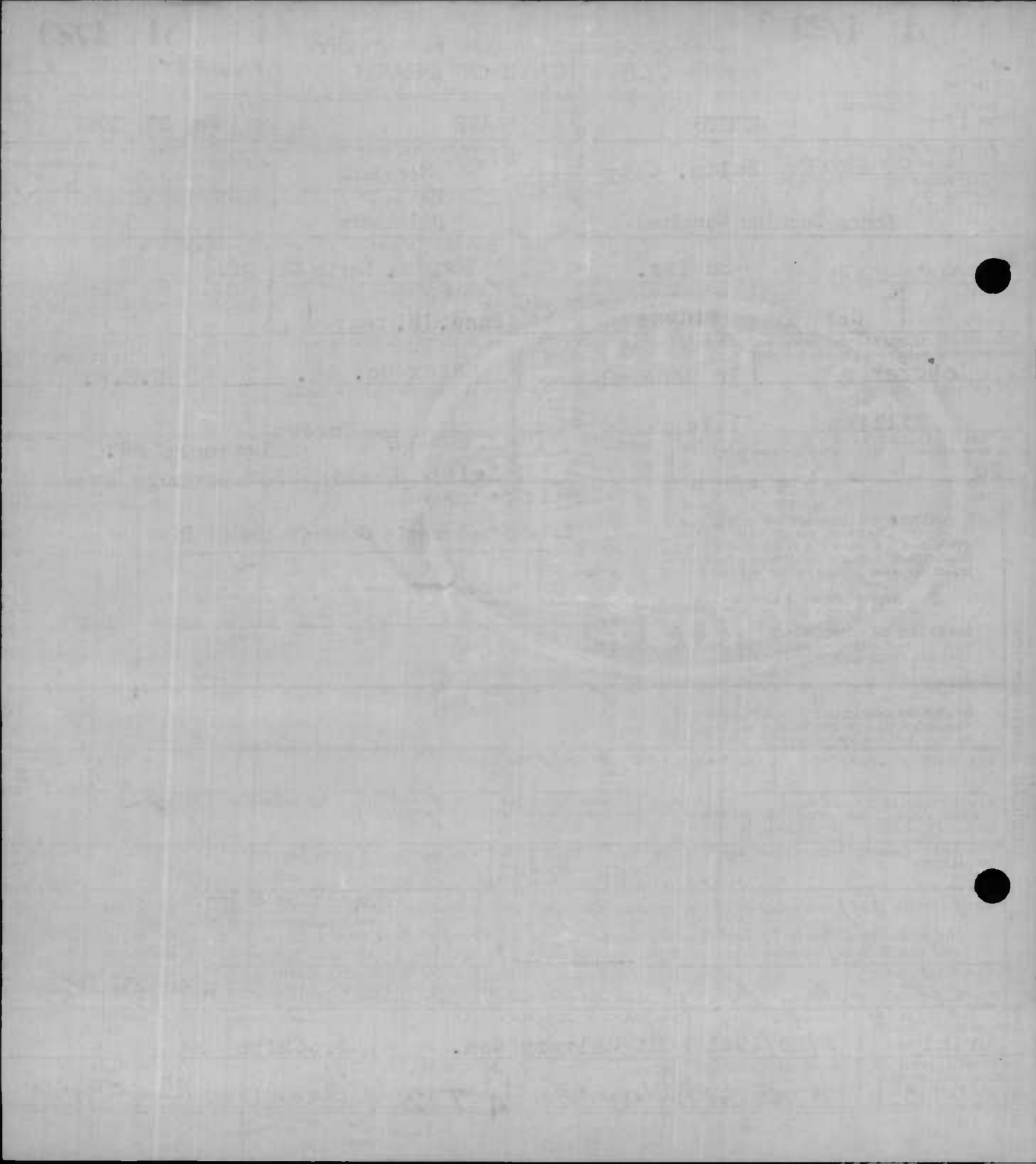
ADDRESS

VS 151

92099

935 ✓

MEDICAL CERTIFICATION



51 4730
425BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4730
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		James Thomas Bloxom		5/21/1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland Balto, City		A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
00 I029 Madison Avenue		Baltimore 11-04			
C. Length of stay in Baltimore 40 Yrs.		D. STREET ADDRESS (If rural, give location)			
		I029 Madison Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Male	Col.	Widowed	April.23.1903	48	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Janitor		Apt. House		Accomac Co. Va.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME			
U.S.A.		John Bloxom			
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			
Saw Yaul		NO			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			
		Mary Fosker 312 Myrtle Avenue			
18. 331X, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Cerebral Hemorrhage		5 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertension			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/21/51, 19, to 5/21/51, 19, that I last saw the deceased alive on 3/25/51, and that death occurred at 7:00 p.m., from the causes and on the date stated above.		23A. SIGNATURE W. Carter		23B. ADDRESS 255 Cyet	
23C. DATE SIGNED 5/23/51		24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		5/26/1951		24C. NAME OF CEMETERY OR CREMATORY	
Arbutus Mem. Park		24D. LOCATION (City, town, or county)		(State)	
Baltimore Md		25. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1951		REGISTRAR'S SIGNATURE Huntington Williams		Elmer O. Wilson 1000 Beauty	
VS 150		770 74		83a	

Charles H. Johnson
Secretary

1942 11-11-42
522 (647)
1942 11-11-42

51 4731

51 4731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CELIA MILLS

2. DATE
OF
DEATH

May 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4613 Park Heights Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1736 Bentalou Street

C. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

1866

9. AGE (in years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Cordish-938 Brooks Lane

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

myocardial
Chronic Cardiovascular disease
with failure.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)ch arteriosclerosis
uremia.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1951, to 5/24, 1951, that I last saw the
deceased alive on 5/24, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/27/51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 27 1951

Sol. Lerington & Bros. - 1124-26 W.

North Avenue

93

MEDICAL CERTIFICATION

TUESDAY

51 4732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4732

Registered No.

BIRTH NO. N.R.

1. NAME OF DECEASED
(Type or Print)

Ronald Tucker

2. DATE
OF
DEATH

May 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 144 4 W

4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)

A. STATE

B. COUNTY

Md.

Anne Arundel

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

829 West St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male White Single

8. DATE OF BIRTH

12-15-50

9. AGE (In years last birthday)

5 11

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Annapolis Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Evelyn Morfoot

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) If yes, give war or dates of service

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 019.2 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Military Tuberculosis &
Tuberculous Meningitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1951, to 5-26, 1951, that I last saw the deceased alive on 5-26, 1951, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Skelton M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cedar Bluff

24D. LOCATION (City, town, or county)

Annapolis, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 27 1951

John M. Saylor & Son Annapolis, Md.

Publ. 2. Gustafson

51 4733

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

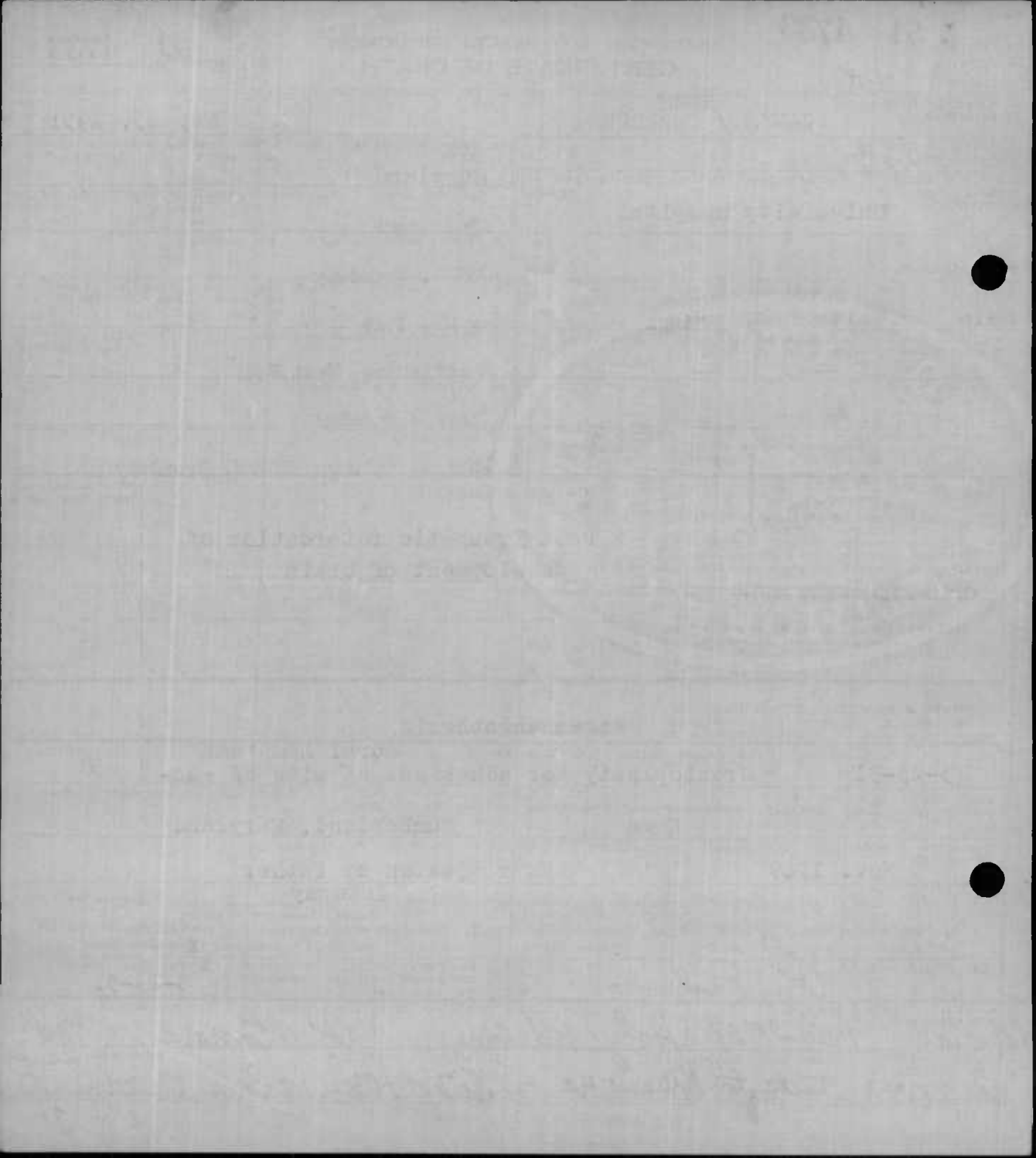
Registered No. 51 4733

BIRTH NO. <i>N.P.</i>		1. NAME OF DECEASED (Type or Print) JAMES / KENNY WALBURN		2. DATE OF DEATH May 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 707 S. Broadway			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 21, 1949	9. AGE (In years last birthday) 2	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Martinsburg, West Va.	
13. FATHER'S NAME James R. Walburn		14. MOTHER'S MAIDEN NAME Therese Hutzler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Therese Walburn 707 S. Broadway	

18. L964X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Post Traumatic retardation of development of brain	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ether anesthesia	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 5-25-51	19B. MAJOR FINDINGS OF OPERATION dural hematoma Cranioplasty for adhesions at site of sub-	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Cumberland, Maryland
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 1949 m.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Beaten by father
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE R. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 5-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE May 28/57	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1951	REGISTRAR'S SIGNATURE Timothy H. Williams, M.D.	25. FUNERAL DIRECTOR Philip Herwig Sons	ADDRESS 2024 Orleans St.



51 4734

51 4734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Dec. 25, 1849

9. AGE (In years
last birthday)

101

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary

17. INFORMANT

ADDRESS

Little Sisters of the Poor 1200 Valley St.

18. 4 yr. 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

3 yrs

10 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to May 25, 1951, that I last saw the
deceased alive on May 25, 1951, and that death occurred at 430 A. m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall MD

M. D.

23B. ADDRESS

1631 E North Ave.

23C. DATE SIGNED

May 25 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 28/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Rita Wedefeld 900 E. Biddle St

MAY 27 1951

VS 150

4726

93D

MEDICAL CERTIFICATION

HEAD TO STATION

WIND

CONDENSE

WATER

612 51 4735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4735
Registered No.

BIRTH NO. 51-11380

1. NAME OF DECEASED
(Type or Print)

JAMES

GRAVES

2. DATE
OF
DEATH

May 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Johns Hopkins

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Annapolis

D. STREET ADDRESS (If rural, give location)

5 Dorsey Place

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5-20-1951

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Graves

14. MOTHER'S MAIDEN NAME

Lorraine Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

George Graves

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Icterus neonatorum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
May 26, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR
MAY 27 1951

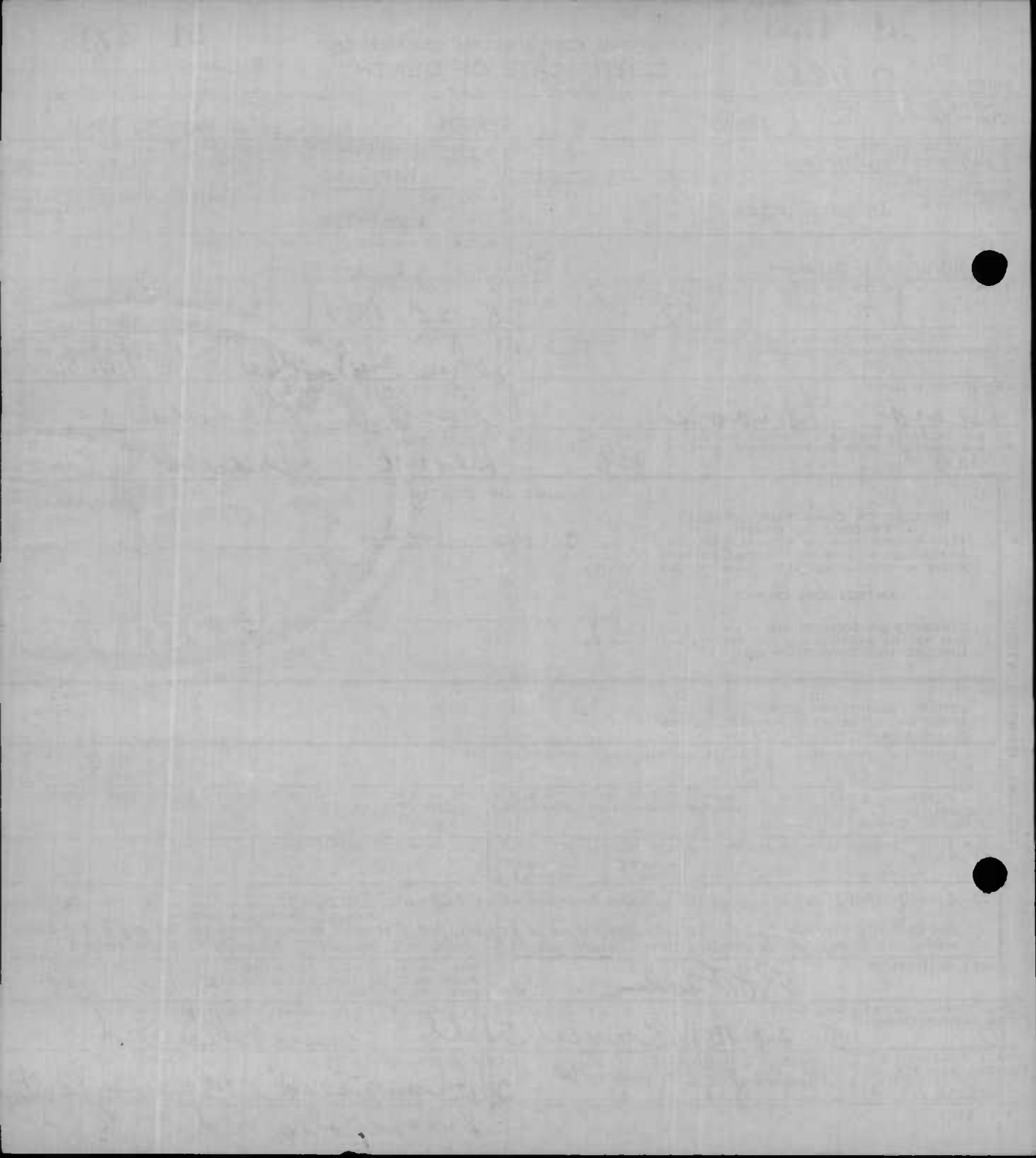
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

5-28-1951 Brewer Will Annapolis, Md
William Seed, Jr 108 Washington St
Annapolis, Md. 161 E



51 4736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4736

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mercer, Lena

2. DATE
OF
DEATH

5-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

38 Univ. Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland, Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glenarm

D. STREET ADDRESS (If rural, give location)

Box 210

5300

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

01/23/1910

9. AGE (In years last birthday)

46

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Junkin Johnson

14. MOTHER'S MAIDEN NAME

Anna Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Husband - same

18. 592X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Generalized Hemorrhage
DUE TO + Uremic Encephalopathy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Glomerulonephritis
DUE TO Hypertensive CardioVasc. Disease

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18-1951, to 5-25-1951, that I last saw the deceased alive on 5-25-1951, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

5-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

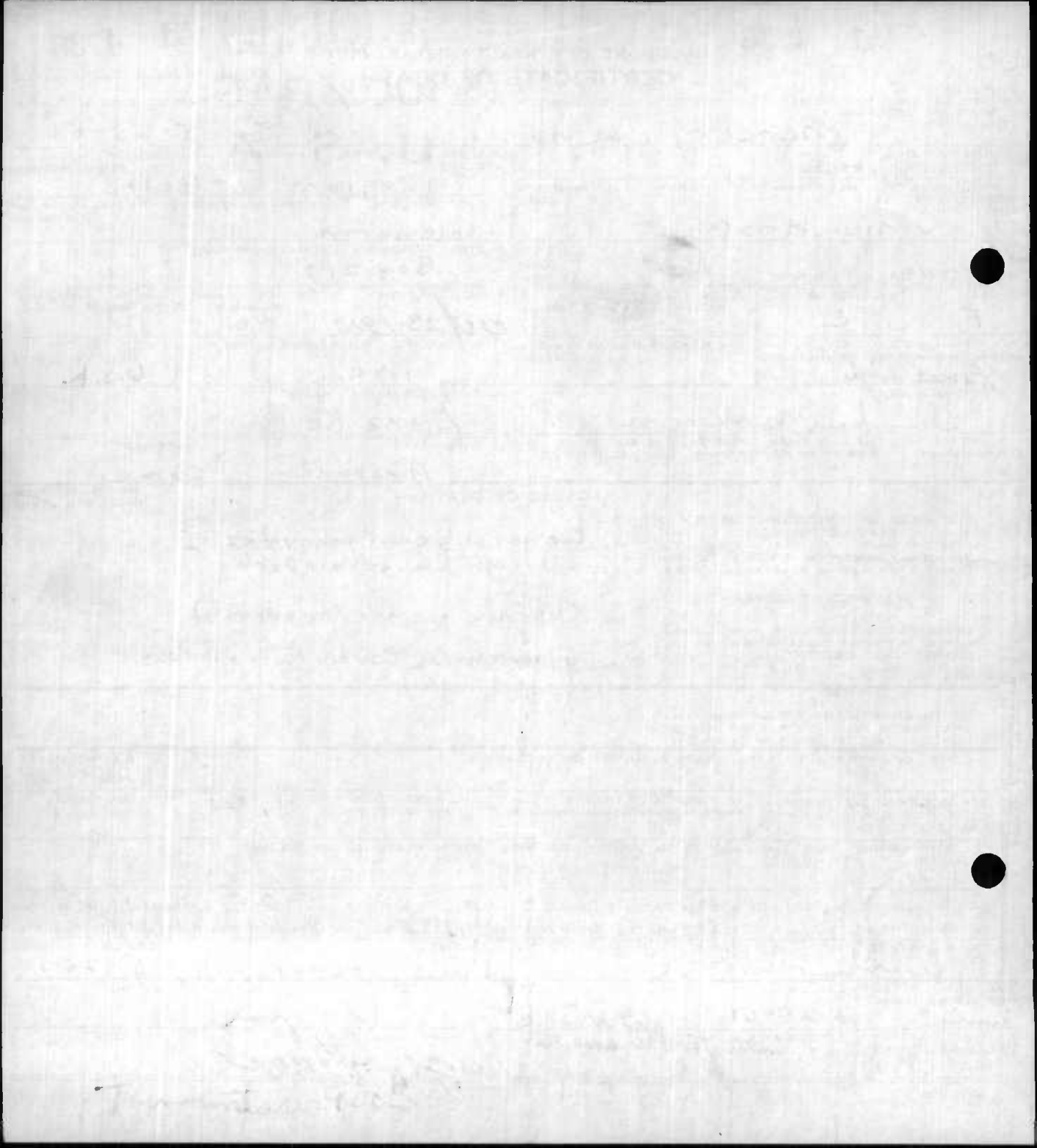
VS 150

1951

303 Presatman St

131B

MEDICAL CERTIFICATION



00 51 4737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4737

ND-141658

49-24782

Registered No.

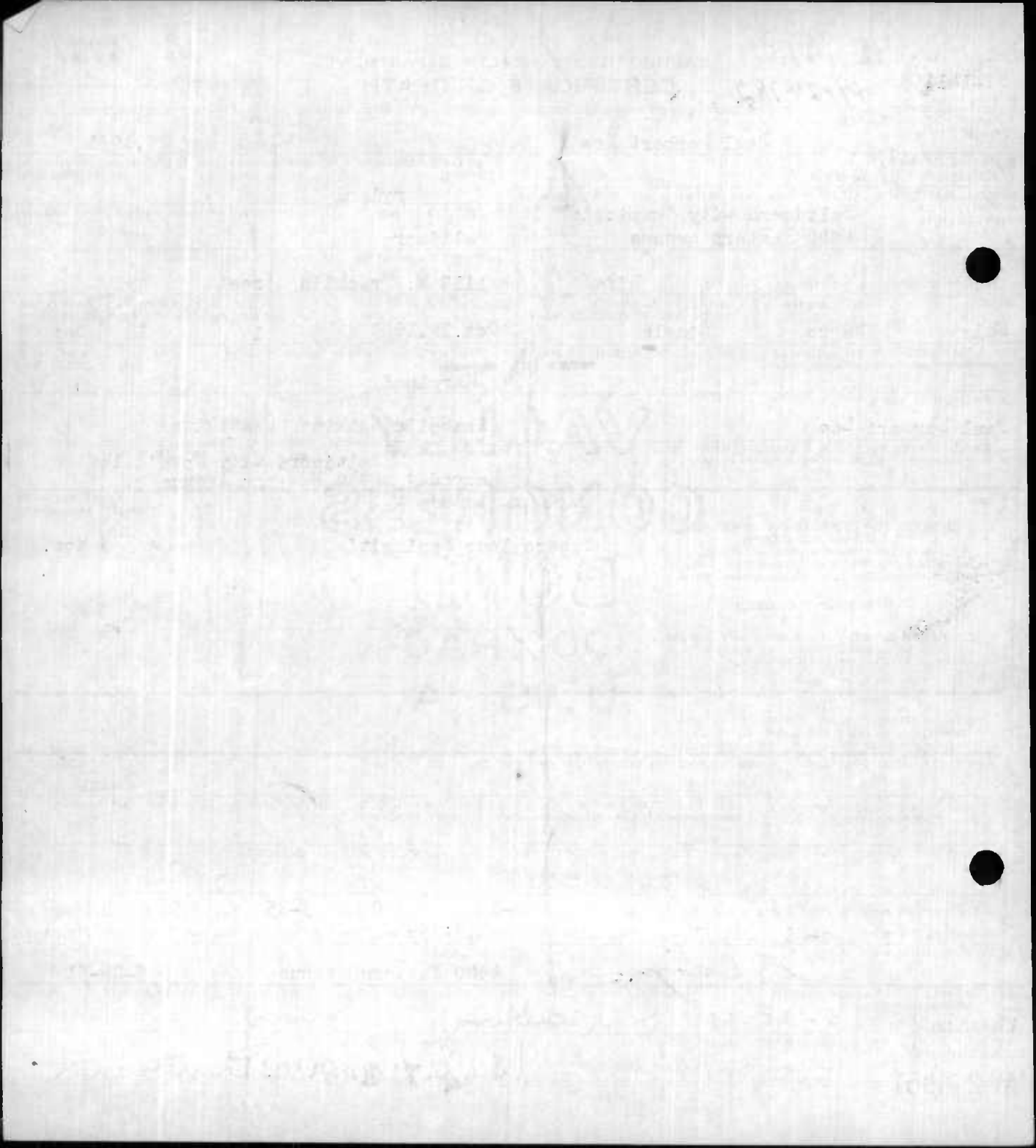
1. NAME OF DECEASED (Type or Print) Paul Herbert Lee		2. DATE OF DEATH May 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-02	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1113 W. Franklin Street	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 19, 1949
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Paul Herbert Lee		14. MOTHER'S MAIDEN NAME Isabelle Watkins (Watkins)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		ADDRESS	

18. 010X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tuberculous Meningitis DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 8 Mos.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 5-25-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-15 , 19 50 , to 5-25 , 19 51 , that I last saw the deceased alive on 5-25 , 19 51 , and that death occurred at 5:25 p m. , from the causes and on the date stated above.					
23A. SIGNATURE J. A. Hogan M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-26-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-28-51		24C. NAME OF CEMETERY OR CREMATORY not Auburn		24D. LOCATION (City, town, or county) (State) md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1951		REGISTRAR'S SIGNATURE Walter Williams		25. FUNERAL DIRECTOR Geo. S. Wilson		ADDRESS 303 Crestmont	

14



51 4738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4738
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR

N.

COSTA

2. DATE
OF
DEATH

May 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Found drowned, Pier #6 Locust Point

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Massachusetts

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

East Freetown

D. STREET ADDRESS (If rural, give location)

Box 288 Braley Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 11, 1927

9. AGE (In years
last birthday)

24

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.J.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John N. Costa

14. MOTHER'S MAIDEN NAME

Mary P. Nobre

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

John B. Costa 288 Braley Rd
East Freetown Mass

18. E929.81

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning, found drowned

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Harbor

Found

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Pier #6, Locust Point

24-1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 26, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-30-51

24C. NAME OF CEMETERY OR CREMATORY

New Bedford Mass

24D. LOCATION (City, town, or county)

Mass

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 27 1951

REGISTRAR'S SIGNATURE

Walter P. Williams, M.D.

25. FUNERAL DIRECTOR

George B. Wilson

ADDRESS

183

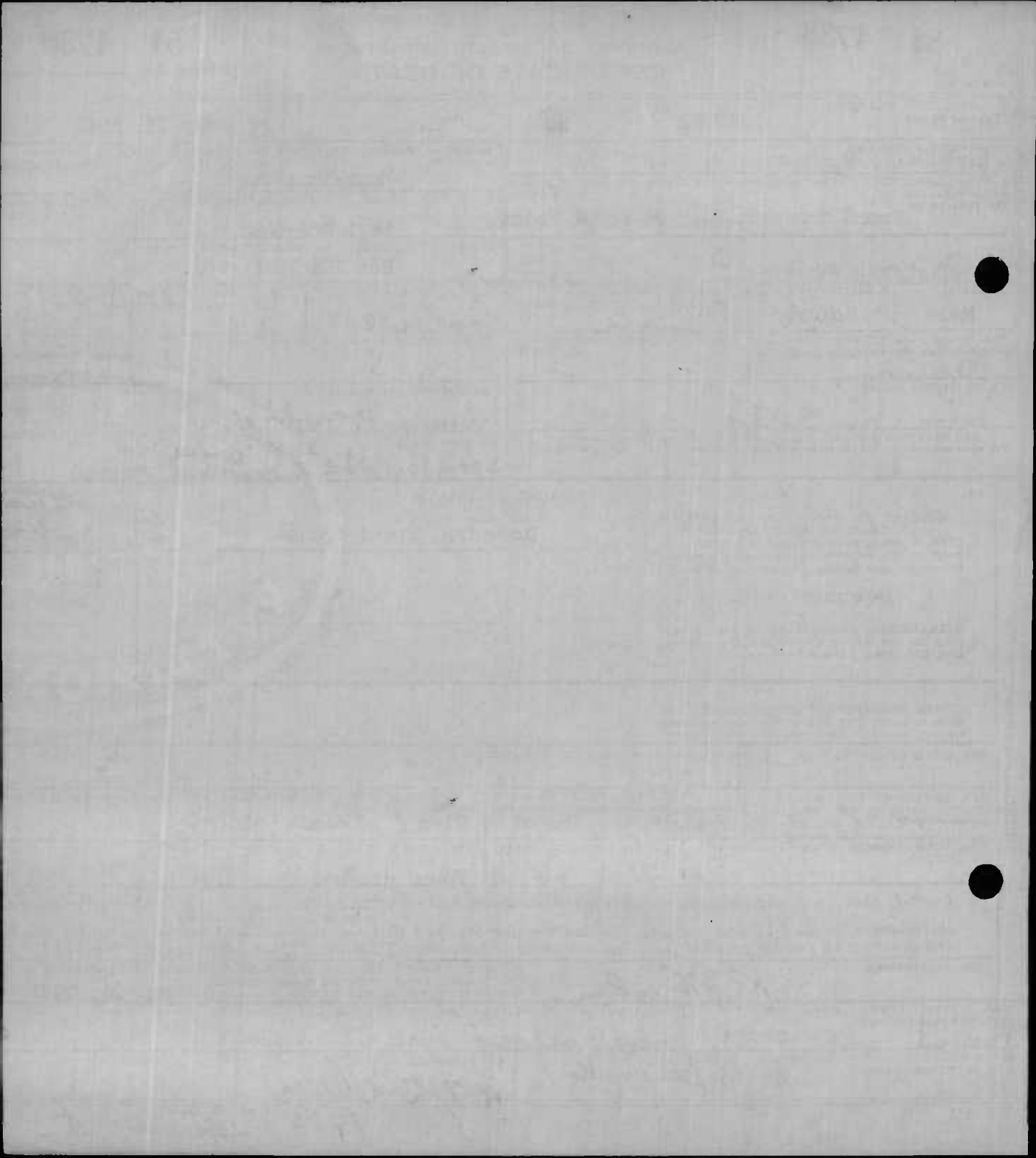
VS 151

N 990x

673 55

1303 Freetown St

MEDICAL CERTIFICATION



51 4739

51 4739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) SYLVIA MILSTEIN		2. DATE OF DEATH 5-27-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mt Sinai Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 28 Yrs. Mon Days		D. STREET ADDRESS (If rural, give location) 323 West Preston St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 39
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		9. AGE (in years last birthday) 39 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Ireland	
13. FATHER'S NAME Seyman		12. CITIZEN OF WHAT COUNTRY? _____	
14. MOTHER'S MAIDEN NAME Sarah		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT Jack Millstein ADDRESS Same	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage	CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO (B) Hypertensive arterio DUE TO (C) sclerosis	INTERVAL BETWEEN ONSET AND DEATH about 5 recent recurrent attack 4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec-14-1950**, to **May-26-1951**, that I last saw the deceased alive on **May-26-1951**, and that death occurred at **4-11** m., from the causes and on the date stated above.

23A. SIGNATURE Herman Heidel M. D.	23B. ADDRESS 2404 Eutaw Pl	23C. DATE SIGNED 5/27/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-27-51	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto Md
---	--------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1951	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Jack Lewis ADDRESS 2100 Eutaw Pl
---	--	---

4613 Paul Wrights an.

51 4740

51 4740

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Hackerman Herman S.*2. DATE
OF
DEATH*5-26-1957*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE*Franklin Square Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-11

D. STREET ADDRESS (If rural, give location)

3506 Eleanora Rd.

C. Length of stay in Baltimore

*one day.*Yrs.
Mos.
Days

5. SEX

male white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*Oct. 4, 1885*9. AGE (In years
last birthday)*66*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*clerk*10B. KIND OF BUSINESS OR
INDUSTRY*Shoe*

11. BIRTH PLACE (State or foreign country)

*Russia*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman

(1)

14. MOTHER'S MAIDEN NAME

*Amelia*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sophie Hackerman *same*18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocard. Infarction.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary occlusion

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-25*, 19*57* to *5-26*, 19*57*, that I last saw the
deceased alive on *5-26*, 19*57*, and that death occurred at *12:30* m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 27 1957**Huntington Williams, M.D.**Jack Lewinsky**2100 Cutler Rd*

THE UNIVERSITY OF MICHIGAN
LIBRARY OF THE UNIVERSITY OF MICHIGAN



51 4741

51 4741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Philip Nitzberg		2. DATE OF DEATH 5-27-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Mount.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06	
c. Length of stay in Baltimore 40 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1817 Poplar Grove St	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jander		14. MOTHER'S MAIDEN NAME Dora	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Sarah Nitzberg - Dora		ADDRESS	
18. 196X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis generalized DUE TO (lungs, skull, long bones) INTERVAL BETWEEN ONSET AND DEATH 3 wks		19. CAUSE OF DEATH Chronic Asthma 10 yrs	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1, 1951 , to May 27, 1951 , that I last saw the deceased alive on May 27, 1951 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Dorothy Robinson		23B. ADDRESS 2835 J. Edgar Hoover Pkwy	
23C. DATE SIGNED 5/27/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 5-27-51	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto, Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1951		REGISTRAR'S SIGNATURE William J. Lewis	
25. FUNERAL DIRECTOR 2100 Eutaw Pl		ADDRESS	

3706 Noteline 820

David R Robinson

2835 Gwynne Pls Apt

P. 16

Was 6

See Document File 51-4741

6/12/51

ES

to 8984
Gwynne Pls
Apt 16
P. 16

Med Exam. Case - Released to 4076

51 4742

Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Abe Sakoloff

2. DATE
OF
DEATH

MAY 26 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (In years, if Under 1 Year
last birthday) Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 163X 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Lung

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

M. D.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Rivell

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

MAY 26-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

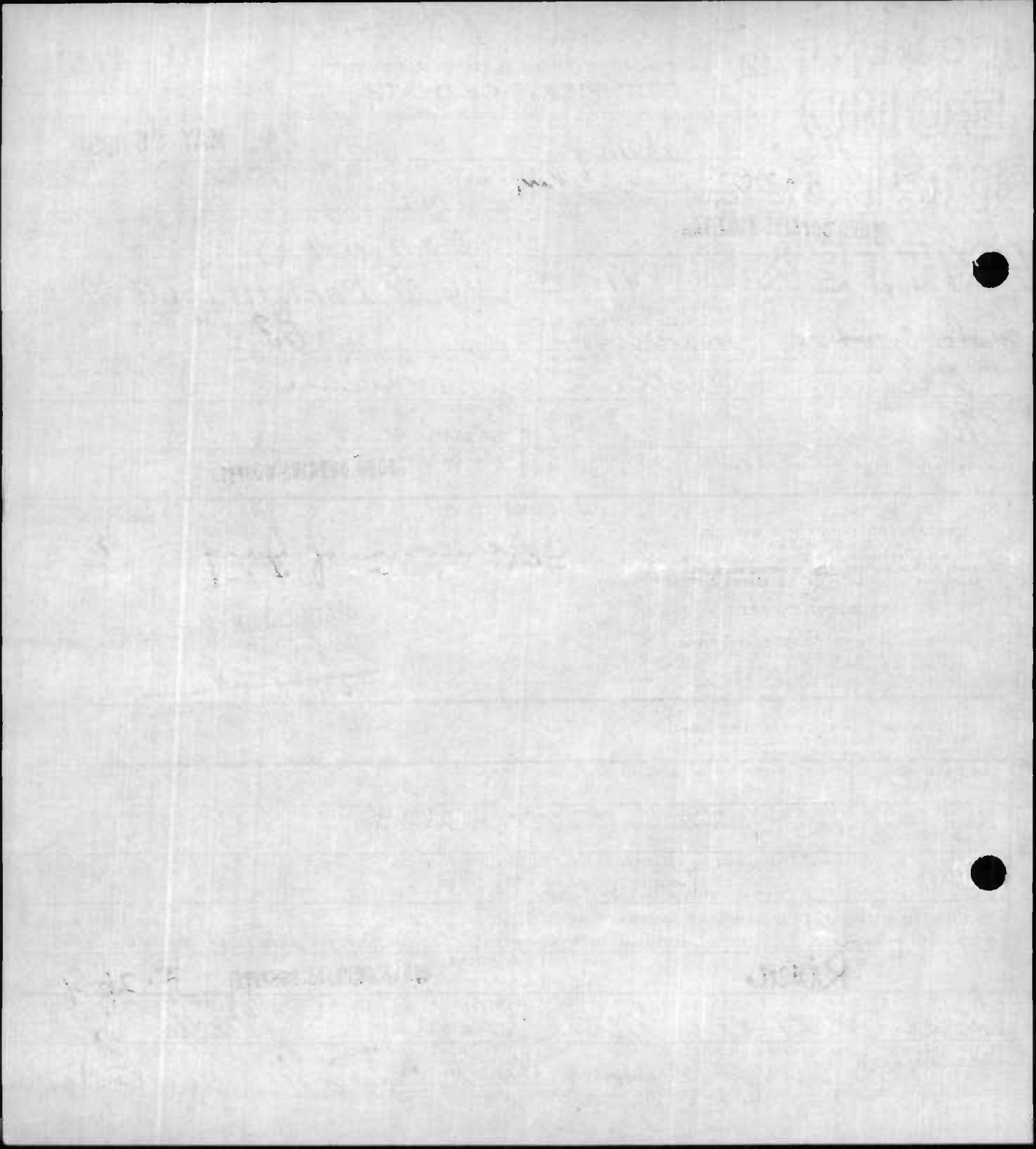
ADDRESS

MAY 27 1951

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS



51 4743

51 4743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Margaret R. McCormick			2. DATE OF DEATH May 25, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 505 E. Gittings St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-02		
D. STREET ADDRESS (If rural, give location) 505 E. Gittings St.					
5. SEX female			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Feb. 24, 1893		
9. AGE (in years last birthday) 58 yrs.			10. UNDER 1 Year Months: Days		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Baltimore Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas Young			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT William P. McCormick			ADDRESS 505 E. Gittings		

18. 4/20.11 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 20-30 min
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Artery atherosclerosis		5-8y.
(B) Essential Hypertension		5-10 y
(C) Obesity Collateral Nodular arteriosclerosis		20-30 y 20-30 y

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1948**, 19, to **5-25-51**, 19, that I last saw the deceased alive on **5-20-51**, 19, and that death occurred at **12:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** 23B. ADDRESS **642 W. 1st St. D.D.** 23C. DATE SIGNED **5-26-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 28/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Old Frederick Rd. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS KRAUSE FUNERAL HOME 1216 S. Charles St.			

77

1-1

51 4744

51 4744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH MATTHEWS

2. DATE

OF

DEATH

5/ 24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2451 McCulloh St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2451 MCCULLOH STREET

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

4/25/1908

9. AGE (In years last birthday)

43

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

BARBER SHOP

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SAMUEL G. MATTHEWS

14. MOTHER'S MAIDEN NAME

SUSIE FOUNTAIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

218-03-1939

17. INFORMANT

ADDRESS

ST.

SAMUEL G. MATTHEWS (F) 2451 MCCULLOH

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiovascular Disease

(C) DUE TO

6 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ ND ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28/51, 10:05/24/51, that I last saw the deceased alive on 5/24/51, 1951, and that death occurred at 3:11 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER-512 CARROLLTON AVE

VS 150

7808F Charles Cooper

93D

MEDICAL CERTIFICATION

51 4745

51 4745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Hiram Louis Boston		2. DATE OF DEATH MAY 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-52	
C. Length of stay in Baltimore 70 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3010 HIGHMAN AVE.	
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 7, 1875 9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gang Foreman		10B. KIND OF BUSINESS OR INDUSTRY Telephone Co.	
11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Michael Boston		14. MOTHER'S MAIDEN NAME Elizabeth WARTMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NONE		16. SOCIAL SECURITY NO. 403-10-8532	
17. INFORMANT CARRIE Boston		ADDRESS 2217 Booth St.	

18. **331X1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) **Cerebral hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension**

DUE TO

(C) **Arterial sclerosis**

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

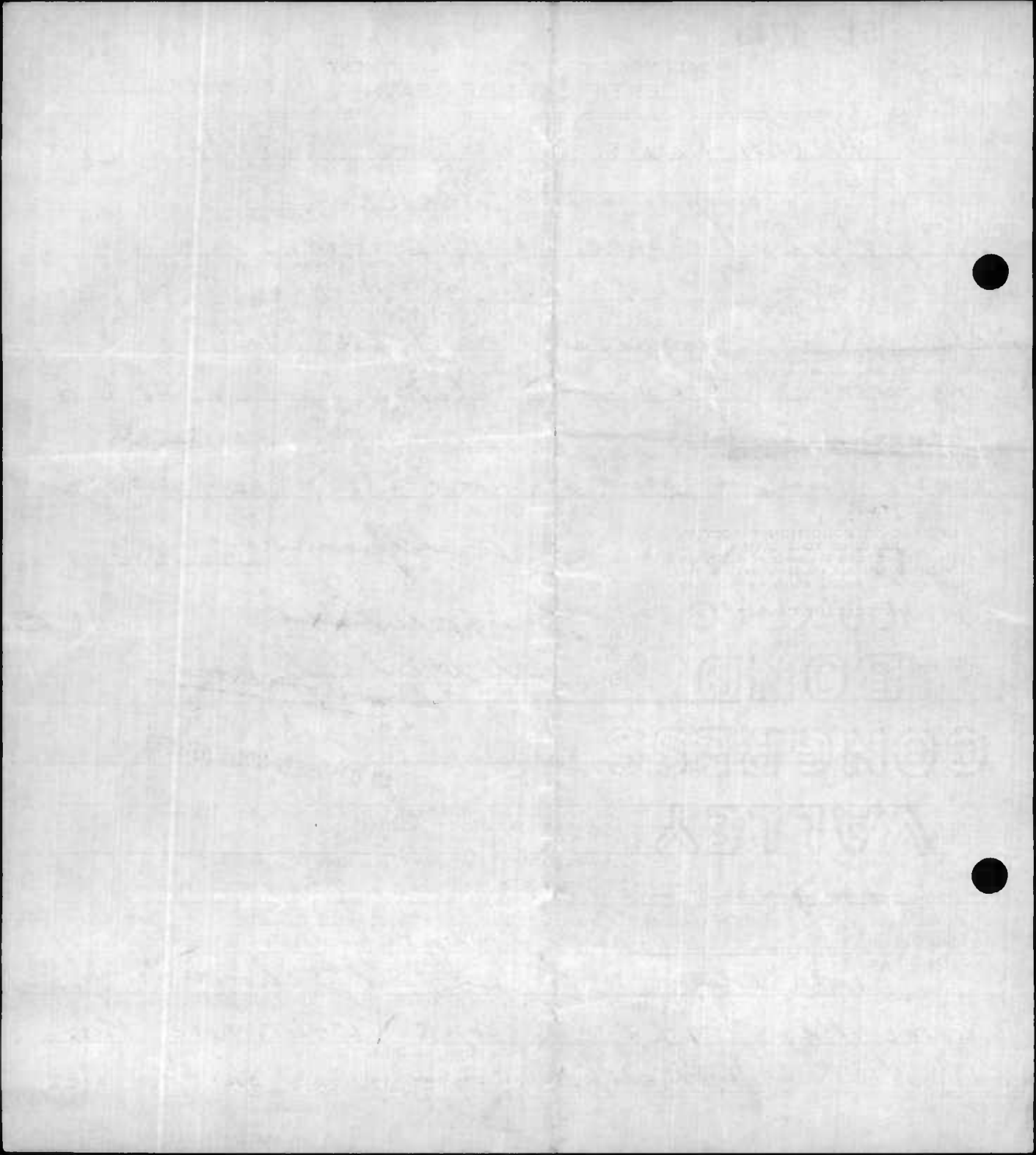
21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:15 P.m.**, from the causes and on the date stated above.23A. SIGNATURE **Charles C. ...**23B. ADDRESS **2145 W. Baltimore St.**23C. DATE SIGNED **5/25/51**

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**24B. DATE **MAY 28, 1951**24C. NAME OF CEMETERY OR CREMATORY **London PARK**24D. LOCATION (City, town, or county) (State) **BALTIMORE, Md.**DATE RECEIVED BY LOCAL REGISTRAR **MAY 27, 1951**REGISTRAR'S SIGNATURE **Wm. H. Williams, M.D.**25. FUNERAL DIRECTOR **Geo. L. Schwab**ADDRESS **2101 Frederick Ave.**



300 51 4746

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 4746

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James F. Dadd

2. DATE
OF
DEATH

5-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mercy

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md. Balto Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

HALETHORPE

D. STREET ADDRESS (If rural, give location)

5556 Ashbourne Rd

Length of stay in Baltimore

Life 60 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 20, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Platter

10B. KIND OF BUSINESS OR
INDUSTRY

Crown Cork & Seal Co.

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James F. Dadd

Crown Cork & Seal Co.

14. MOTHER'S MAIDEN NAME

Bessie Saunders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL
SECURITY NO.

215-05-6380

17. INFORMANT

Mrs. Anna Dadd

ADDRESS

5556 Ashbourne Rd

18. 540.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bleeding Gastric Ulcer

INTERVAL BETWEEN
ONSET AND DEATH

2 1/2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute Pulmonary cong.

DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24-51 19 to 5-26-51 19, that I last saw the
deceased alive on 5-26-51 19, and that death occurred at 4:50 pm., from the causes and on the date stated above.

23A. SIGNATURE

J. R. Rasmussen M.D.

23B. ADDRESS

Mercy

23C. DATE SIGNED

5/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

May 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

London PARK

24D. LOCATION (City, town, or county)

Howard County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 27 1951

REGISTRAR'S SIGNATURE

J. R. Rasmussen

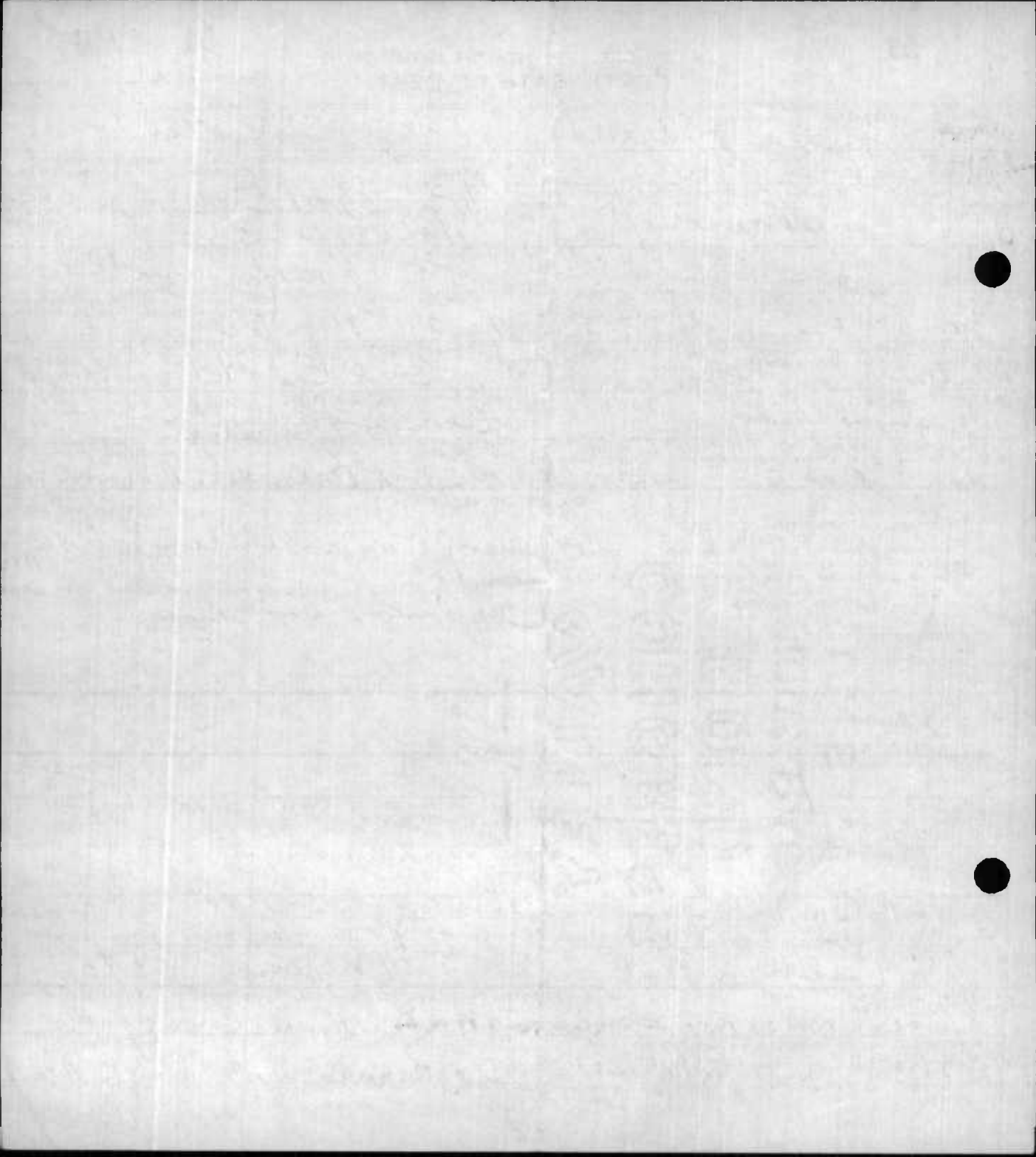
25. FUNERAL DIRECTOR

Geo. L. Schwab 5101 Frederick Ave.

VS 150

690 32

117a



51 4747

51 4747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Amelia Mangum

2. DATE
OF
DEATH

5-25-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

40 ST. Agnes Hospital

C. Length of stay in Baltimore

LIFETIME

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

13. FATHER'S NAME

William Wicker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

11-24-1896

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Katharine

17. INFORMANT

ADDRESS

Family 3700-7th St.

18. 504.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myeloid LEUKEMIA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Anemia

(C) DUE TO

Thrombocytopenia

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

TERMINAL Uremia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1951, to 5/25, 1951, that I last saw the
deceased alive on 5/24, 1951, and that death occurred at 5:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1951

Huntington Williams, M.D.

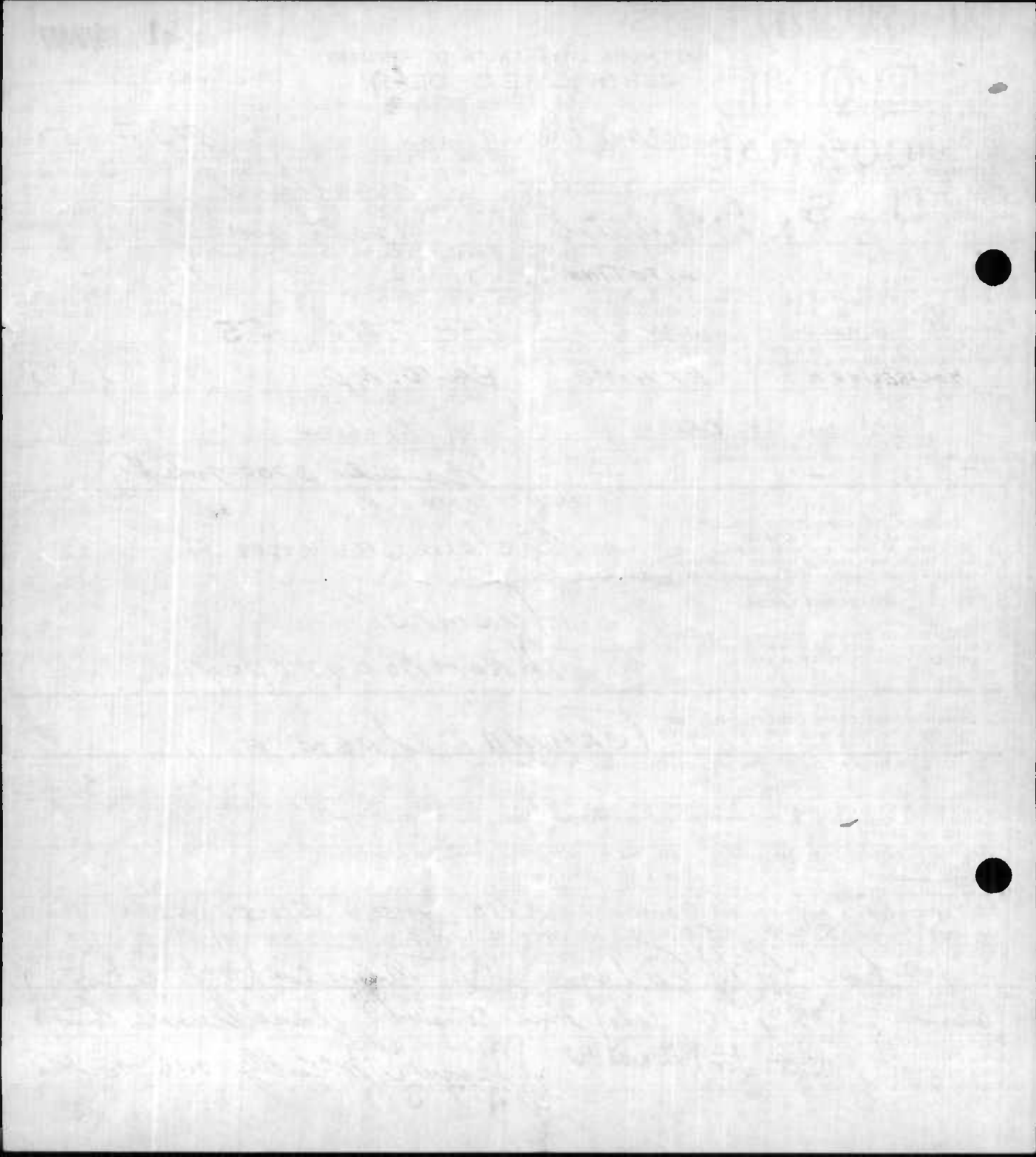
James D. McCully, 1306 E. Fort Ave

VS 150

4733

74a

MEDICAL CERTIFICATION



51 4748

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4748
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph G. MARCOUX

2. DATE OF DEATH
May 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1020 E. Baltimore St.-Savoy Hotel

6. SEX

Male

7. COLOR OR RACE

White

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

9. DATE OF BIRTH

June 11, 1897

10. AGE (In years last birthday)

53

11. Under 1 Year Months: Days

12. Under 24 Hours Hours: Min.

13A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman

13B. KIND OF BUSINESS OR INDUSTRY

Maritime Ser.

14. BIRTHPLACE (State or foreign country)

Lawrence, Mass.

15. CITIZEN OF WHAT COUNTRY?

16. FATHER'S NAME

Cyrille Marcoux

17. MOTHER'S MAIDEN NAME

Caroline Doucet

18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

19. SOCIAL SECURITY NO.

090-14-0223

20. INFORMANT

Dolord Couturi

21. ADDRESS

Lawrence, Mass.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic pyelonephritis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inc. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

24B. DATE

MAY 27, 1951

24C. NAME OF CEMETERY OR CREMATORY

IMMACULATE CONCEPTION

24D. LOCATION (City, town, or county) (State)

LAWRENCE, MASS.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28, 1951

W. H. Halligan, M.D.

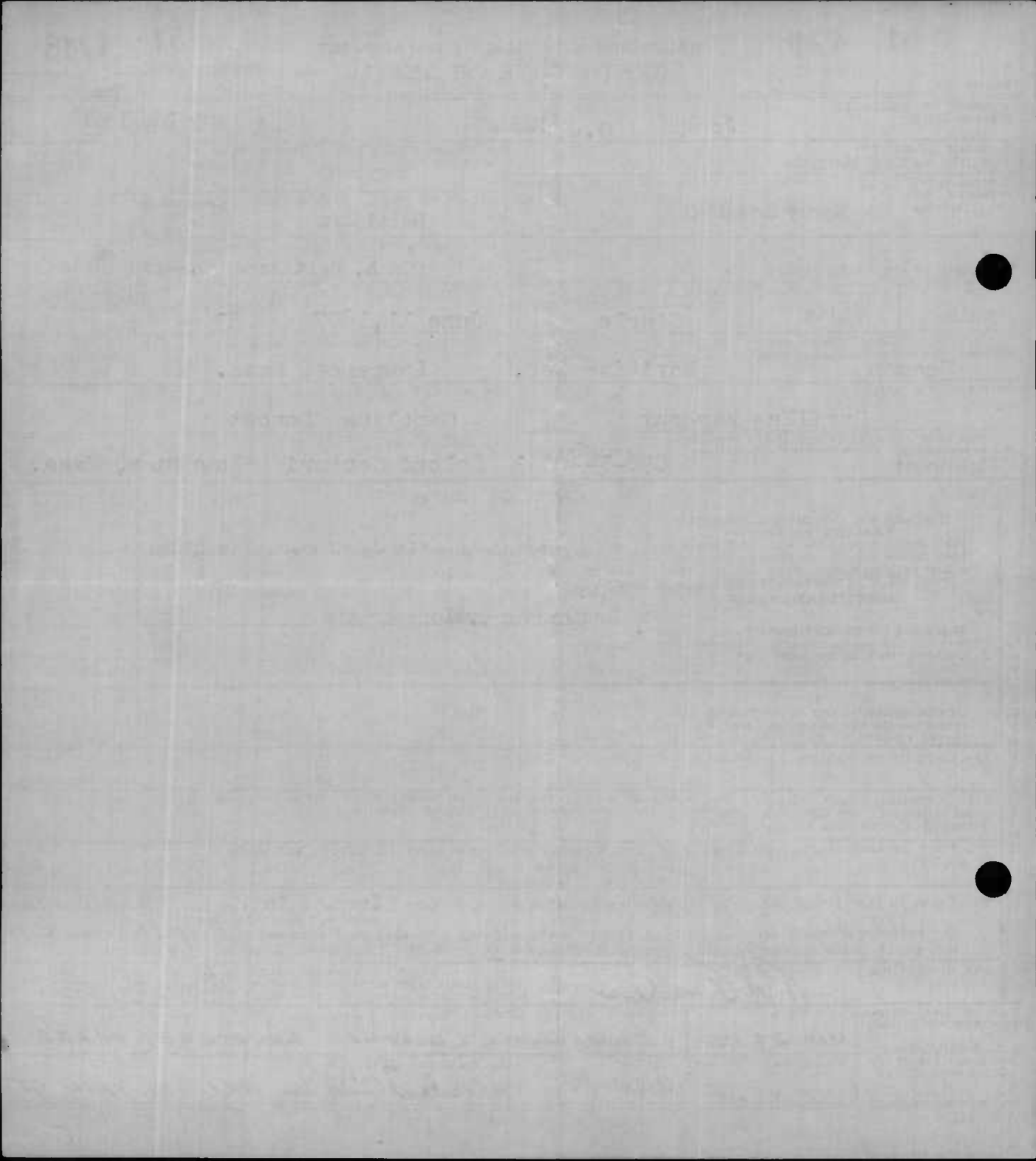
W. H. Halligan, M.D. 1217 ST. PAUL ST.

VS 151

673 55

927 ✓

MEDICAL CERTIFICATION



51 4749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4749

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Warwolis, Matthew

2. DATE
OF
DEATH

5-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Balt. Gen -

C. Length of stay in Baltimore

65

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 15, 1863

9. AGE (in years
last birthday)

88

10. Under 1 Year
Months; Days11. Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer - Rochester

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Warwolis

14. MOTHER'S MAIDEN NAME

Elizabeth - Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Michael Warwolis

ADDRESS
Same as above

18. 181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the bladder

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/23/51

19B. MAJOR FINDINGS OF OPERATION

Cancer of the bladder

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22, 1951, to 5/24, 1951 that I last saw the
deceased alive on 5/22, 1951, and that death occurred at 1:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Arlin Charbonneau, M.D.

23B. ADDRESS

South Balt. The Hood

23C. DATE SIGNED

5/24/51

24A. BURIAL, CREMA-
TION, REMOVAE (Specify)

Buried

24B. DATE

5/28/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Frederick Rd Md.

24D. LOCATION (City, town, or county)

Frederick Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wentworth Williams, M.D.

25. FUNERAL DIRECTOR

Charles W. Kachanach 703 N. Henry St

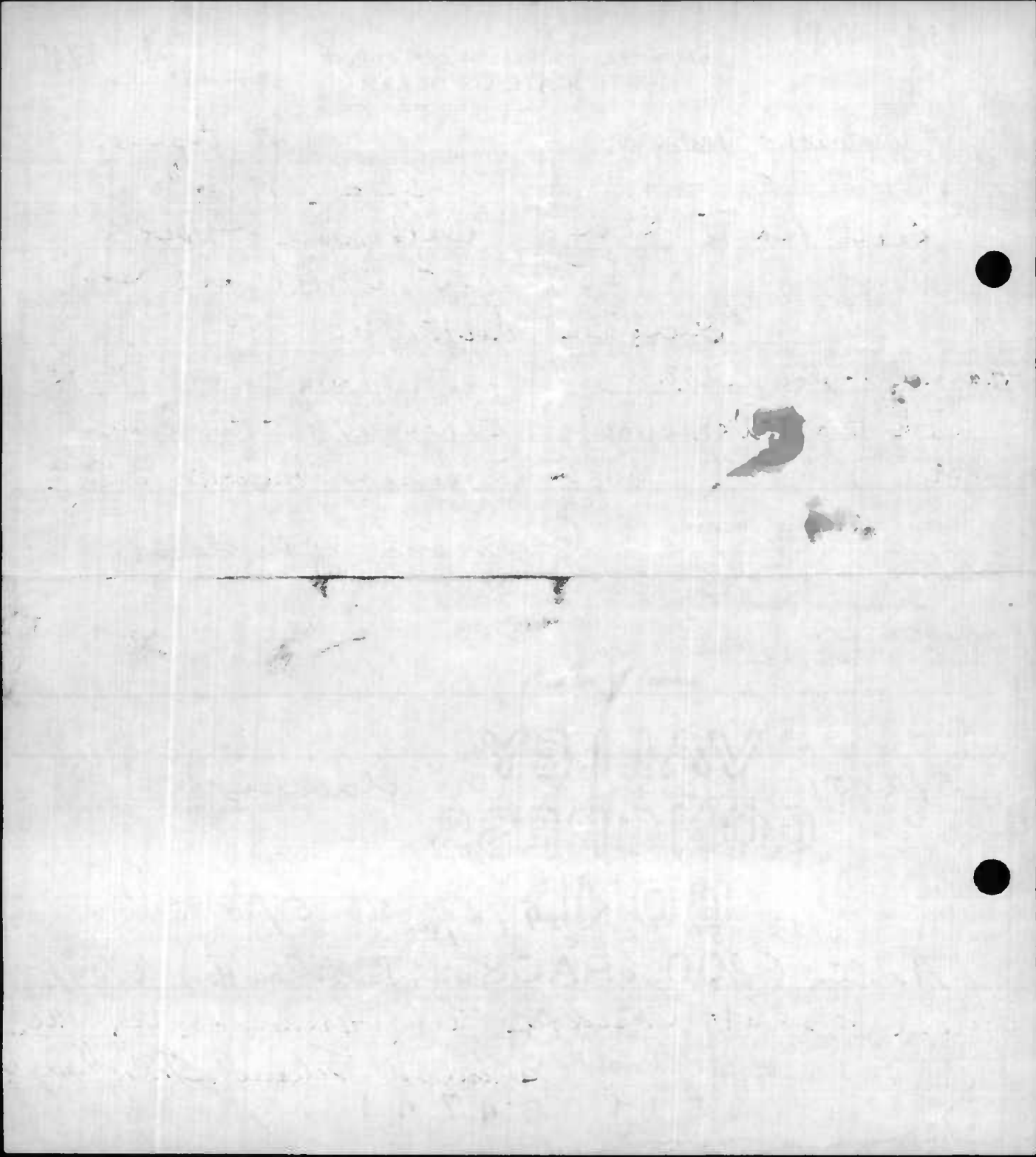
ADDRESS

VS 150

19540004741

52B

MEDICAL CERTIFICATION



51 4750

Registered No.

BIRTH NO. 51-11322

1. NAME OF DECEASED (Type or Print) Harry Olin Vinton		2. DATE OF DEATH May 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15	
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 1509 W. Cold Spring Lane	
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	10. DATE OF BIRTH 5-21-51
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		12. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME Harry O Vinton Sr		14. MOTHER'S MAIDEN NAME Mary Jane Mac Donald	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 756.2	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Intestinal Obstruction	Life
	DUE TO			
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Meconium Ileus	"
			Meconium Ileus Prematurity	"
			(C)	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL	19A. DATE OF OPERATION 5-26-51		19B. MAJOR FINDINGS OF OPERATION Intestinal Obstruction; Meconium Ileus;		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
	21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?		
	22. I hereby certify that I attended the deceased from 5-25 , 19 51 , to 5-27 , 19 51 , that I last saw the deceased alive on 5-27 , 19 51 , and that death occurred at 3 P. m., from the causes and on the date stated above.						
23A. SIGNATURE Thomas C. McPherson			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5-27-51		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE May 28-51		24C. NAME OF CEMETERY OR CREMATORY St Marks (Hamden)		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE William H. McPherson		25. FUNERAL DIRECTOR Frank H. Smith		ADDRESS 814 N. 36th St	

1578

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
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THE UNIVERSITY OF CHICAGO
LIBRARY

51 4751

CERTIFICATE CORRECTED 6-15-51

51 4751

120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Albert Savage

2. DATE
OF
DEATH

5-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto -

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Ind.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto - Md. - 2-03

D. STREET ADDRESS (If rural, give location)

811 S. Bond Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M.

W.

Married

8. DATE OF BIRTH

3-12-87

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fire Reporter.

10B. KIND OF BUSINESS OR
INDUSTRY

Fire Dept.

11. BIRTHPLACE (State or foreign country)

Balto -

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Burke Savage / Coes (M)

14. MOTHER'S MAIDEN NAME

Anna ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anna Savage 811 S. Bond Street -

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Metastatic Carcinoma

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(C)

Gastric Adeno-Carcinoma (Fundus)

2 y. n.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 23 - , 1944, to 5-25- , 1951, that I last saw the
deceased alive on 5-25-51, 19 , and that death occurred at 1 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Polonium Peron

M. D.

23B. ADDRESS

2424 Ecton Place

23C. DATE SIGNED

5-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-29-51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Tally Ho

403 S Wolfe Street

MAY 28 1951

69040

46 B

MEDICAL CERTIFICATION

Stoman Herman -

2424 Cedar Pl.

La - 0430. 9:11 AM

100 51 4752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4752
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUBY ANNA HOPF

2. DATE
OF
DEATH

May 24th, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

6010 Eastern Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6010 Eastern Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

June 10, 1889

9. AGE (In years
last birthday)

61

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

August Seifert

14. MOTHER'S MAIDEN NAME

Katherine Neu

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. & Mrs. Ed. Hopf-355 Cornwall St-24

18. 331X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

Arteriosclerosis

ANTECEDENT CAUSES

(B)

Hypertension

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐
WORKNOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1, 1950 to May 24, 1951, that I last saw the
deceased alive on May 24, 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. K. R. S. S. S.

M. D.

2255 P. S. S.

5-26-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/28/51

Oaklawn Cemetery

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1951

J. K. R. S. S.

H. SANDER & SONS, Inc.
Baltimore, Md

S. S. S.

620 51 4753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4753

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES BARK

2. DATE
OF
DEATH

May 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

815 S. Port St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

815 S. Port St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 22, 1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Yard Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

James Lumber

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

RUDOLPH BARK

14. MOTHER'S MAIDEN NAME

Augusta Wyman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-03-2534A-

17. INFORMANT

ADDRESS

A- Mrs. Katie Bark-815 S. Port St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Adenocarcinoma of stomach

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1947

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov. 17 47

19B. MAJOR FINDINGS OF OPERATION

Metastasis of stomach & lymph node involvement

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to May 25, 1951, that I last saw the
deceased alive on May 24, 1951, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Geo. D. Relyea

23B. ADDRESS

M. D. 426 S. Patterson Pl. Ave.

23C. DATE SIGNED

5/25/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/28/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. SANDER & SONS, Inc.

ADDRESS

Baltimore 13, Md.

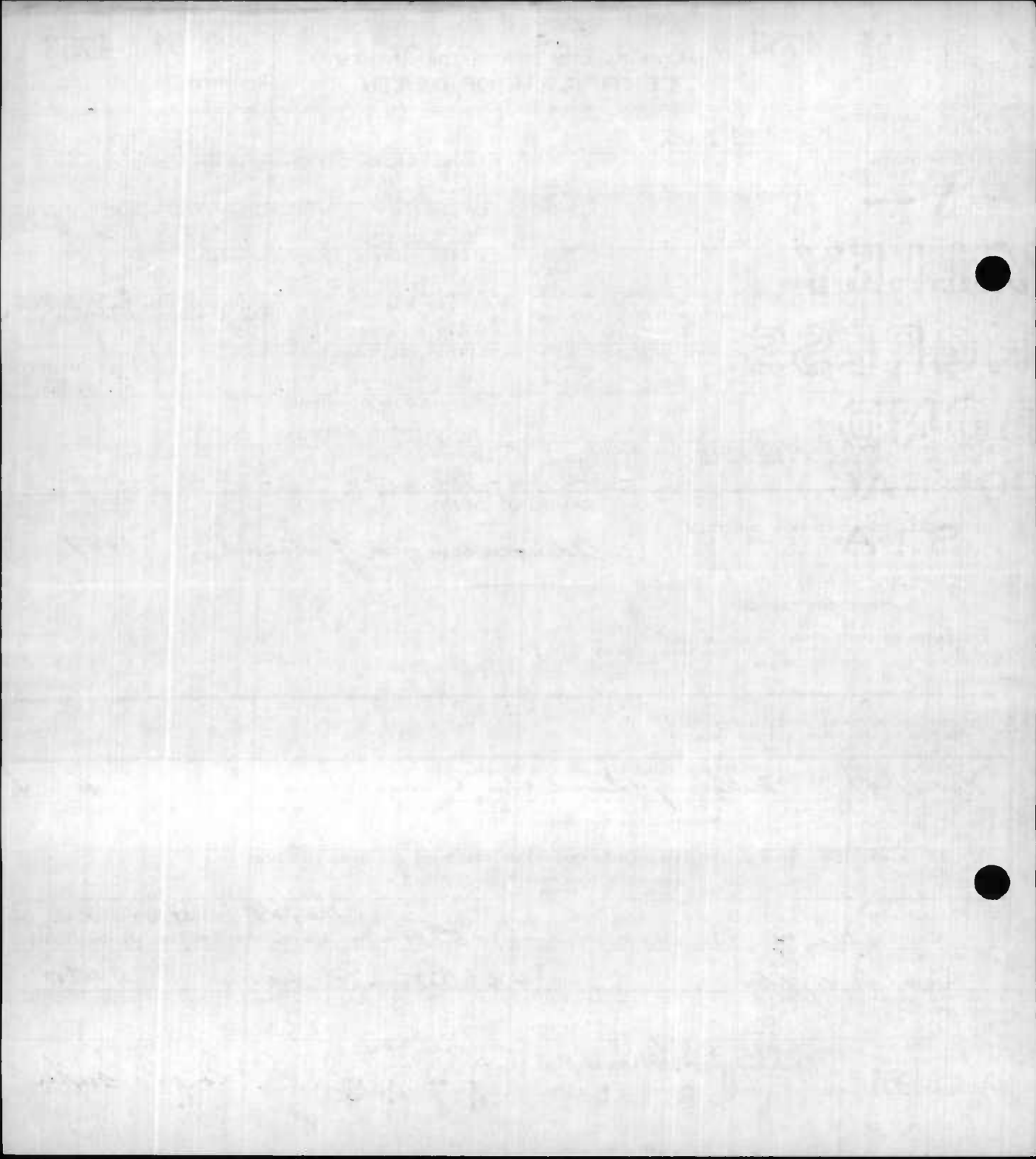
MAY 28 1951

VS 150

3906P

46B

MEDICAL CERTIFICATION



51 4754

600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4754
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHRISTINE

2. DATE
OF
DEATH

5-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

38 UNIVERSITY HOSP.

Length of stay in Baltimore

25 YEARS

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

B

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

JOSEPH MOSLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALT

4-02

D. STREET ADDRESS (If rural, give location)

646 VINE ST

8. DATE OF BIRTH

3-25-1901

9. AGE (In years
last birthday)

50

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Richmond, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Emma

17. INFORMANT

LILLIE M. SORRELL 637 GREEN ST
DUNPAIK

CAUSE OF DEATH

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Probable Cerebrovascular
accident - Hemorrhage?

(B)

DUE TO

Hypertensive CVD.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

2 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1951, to 5-22, 1951, that I last saw the
deceased alive on 5-22, 1951, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold K. Spens M.D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

5-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

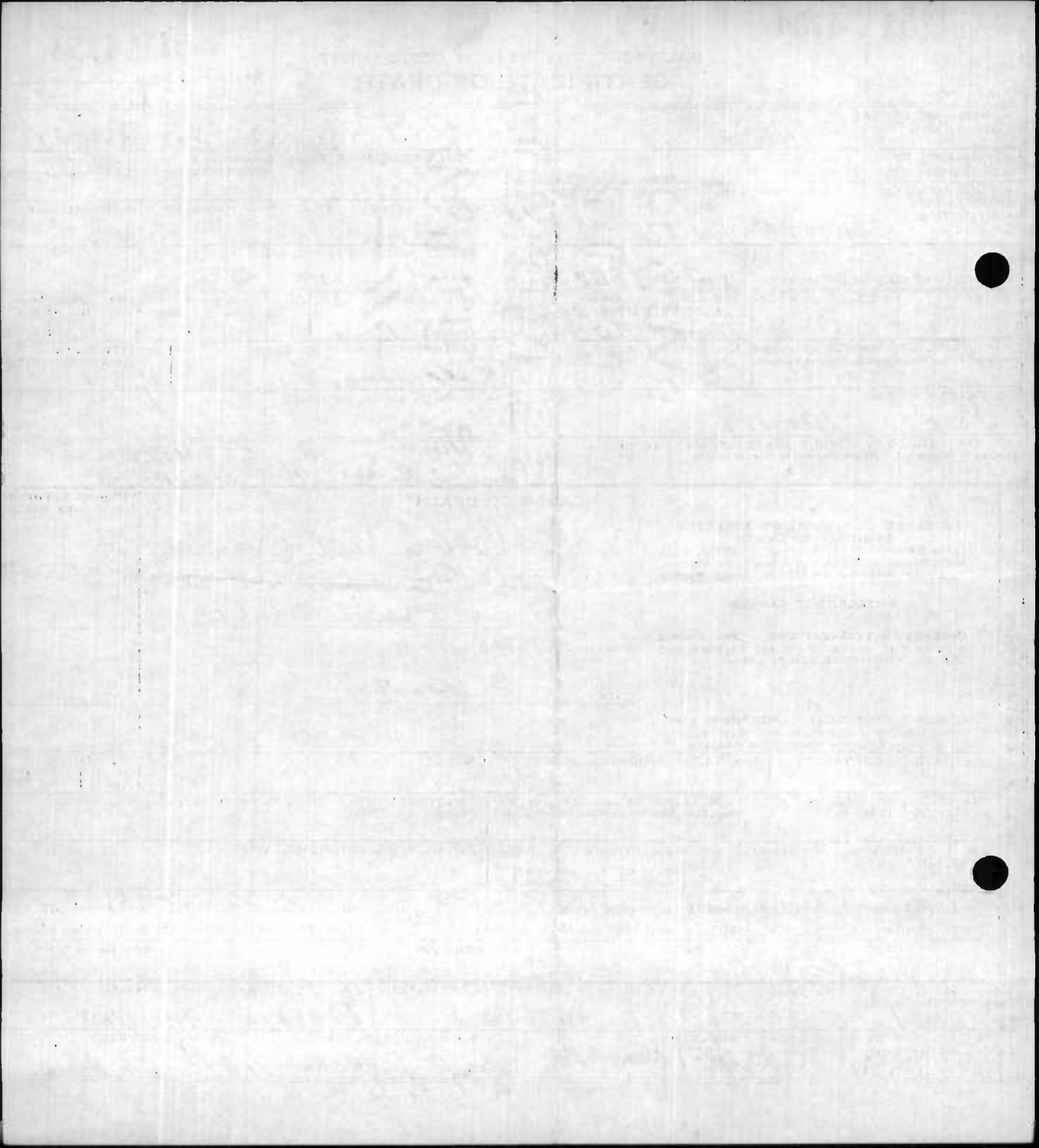
25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1951

T. J. Williams, M.D.

Wm. A. JACKSON - 916 PENNA. AVE.



51 4755

51 4755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HYMAN KATZ.

2. DATE
OF
DEATH

5/27/51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home + Hospital.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore. 15-13

D. STREET ADDRESS (If rural, give location)

2626 Park Heights Terrace

Length of stay in Baltimore

28 yrs

5. SEX

M.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

5/27/51.

9. AGE (In years,
last birthday)

53.

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rader.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin

Katz. (R - W)

14. MOTHER'S MAIDEN NAME

Fager

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lea Katz - Same

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral embolism.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Myocardial Infarction.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/9/51, 1951, to 5/27, 1951, that I last saw the deceased alive on 5/27, 1951, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1951

2100 Canton Rd

VS 150

506/44

94a

MEDICAL CERTIFICATION

232 51 4756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4756

Registered No. _____

1. NAME OF DECEASED (Type or Print) Lucy Gustus		2. DATE OF DEATH 5/23/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2533 Woodbrook Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 14 Yes.		D. STREET ADDRESS (If rural, give location) 2533 Woodbrook Avenue	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. II. 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Gustus		14. MOTHER'S MAIDEN NAME Rebecca Bee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Viola C. Fisher		ADDRESS 2533 woodbrook av	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertension DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiovascular Disease OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		INTERVAL BETWEEN ONSET AND DEATH _____	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from June 11, 1951 to May 23, 1951 , that I last saw the deceased alive on May 23, 1951 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.	
23A. SIGNATURE M. E. E. E.		23B. ADDRESS 803 N. Fremont	
23C. DATE SIGNED 5-28-51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 5/28/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md		24E. FUNERAL DIRECTOR Chas. O. Wilson	
24F. DATE RECEIVED BY MAY 28 1951		24G. ADDRESS 1000 Brantly av	

MEDICAL CERTIFICATION

人 民 公 報

CHINESE NEWSPAPER

1955.1.15

SHANGHAI

1955.1.15



CHINESE NEWSPAPER

1955.1.15

620 51 4757

51 4757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ROGERS		NORRIS Jr		2. DATE OF DEATH May 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, give R. I. and give township) Baltimore 6-04		
Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1830 Orleans St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 30, 1943	9. AGE (In years last birthday) 7	10. Under 1 Year Months _____ Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School			11. BIRTHPLACE (State or foreign country) Baltimore		
10B. KIND OF BUSINESS OR INDUSTRY School			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Rogers W. Norris			14. MOTHER'S MAIDEN NAME Virginia Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Virginia Rogers			ADDRESS 1830 Orlean St		

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Internal hemorrhage DUE TO ruptured spleen	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple fractures and abrasions DUE TO _____	(B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION May 22, 1951	19B. MAJOR FINDINGS OF OPERATION Pavement	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Pavement	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 1800 block Orleans St. 6/4
21D. TIME (Month) (Day) (Year) (Hour) May 22, 1951 abt. 6 Pn.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by auto
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE Stanley H. Dunbar M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED May 23, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/28/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md
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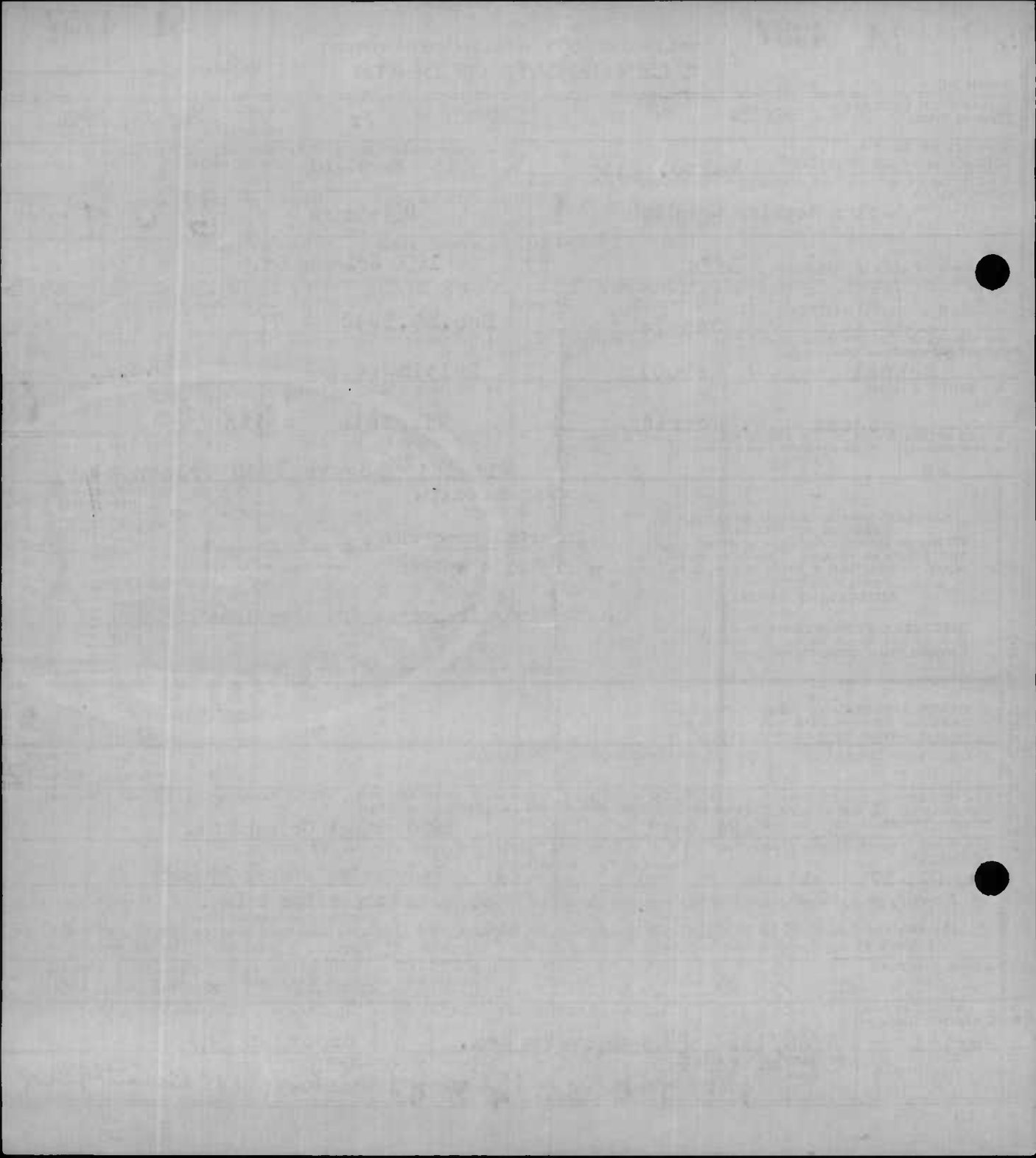
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951	REGISTRAR'S SIGNATURE Glenn O. Wilson	25. FUNERAL DIRECTOR Glenn O. Wilson	ADDRESS 1000 Beantley ave
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VS 151

N-829.2

170c ✓

MEDICAL CERTIFICATION



320 51 4758

51 4758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>George Stuck</i>		2. DATE OF DEATH <i>May 25, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>330 Radnor Road</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-11</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <i>330 Radnor Road</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 25, 1886</i> 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <i>Auto Mechanic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	9. AGE (In year, last birthday) <i>64</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Joseph Stuck</i>		14. MOTHER'S MAIDEN NAME <i>Salie Thomas</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Joseph Stuck</i>		ADDRESS <i>330 Radnor Road</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>	CAUSE OF DEATH (A) _____ DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic Kidney & Ch. Liver & Nephritis</i>	(B) _____ DUE TO	<i>Indefinite</i>
(C) _____ DUE TO		

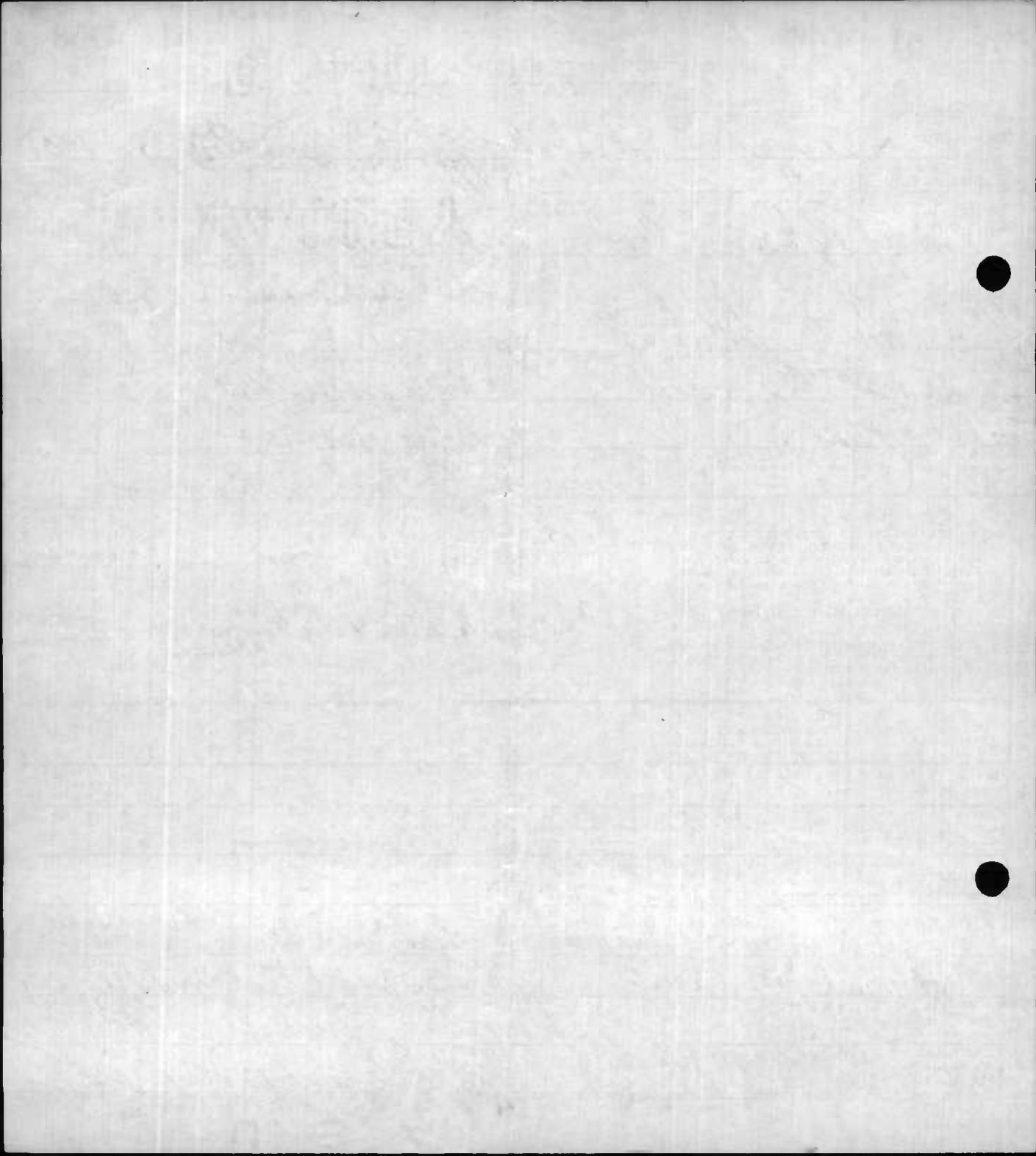
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 1946 to *May 25, 1951*, that I last saw the deceased alive on *May 24, 1951*, and that death occurred at *5:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Nathaniel M. Beck</i>	23B. ADDRESS <i>1002.23rd St. Baltimore, Md</i>	23C. DATE SIGNED <i>May 26, 1951</i>
---	---	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) _____	24B. DATE <i>5/29/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Fairview</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 28 1951</i>	REGISTRAR'S SIGNATURE <i>Nathaniel M. Beck</i>	25. FUNERAL DIRECTOR <i>M. C. McKee</i>	ADDRESS <i>12178 Paul St</i>



300 51 4759

51 4759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY L. White

2. DATE
OF
DEATH

5-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hosp.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

John H. White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Chas. B. White 811 E. Port Ave.

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulm. Emphysema + Fibrosis

19A. DATE OF OPERATION

5-24-51

19B. MAJOR FINDINGS OF OPERATION

Gangrene left extremity

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22-51, 1951, to 5-27, 1951, that I last saw the deceased alive on 5-27, 1951 and that death occurred at 12:58 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John F. Gully

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

5-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/31/51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

a. a. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. Cook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

VS 150

195-1-000 4751

94a

MEDICAL CERTIFICATION

230 51 4760

51 4760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARIAN BASSETTI		2. DATE OF DEATH May 26, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto. Md		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore c. CITY OR TOWN Baltimore d. STREET ADDRESS (If rural, give location) 317 E. Cold Spring Lane	
b. FULL NAME OF HOSPITAL OR INSTITUTION 317 E. Cold Spring Lane		e. LENGTH OF STAY IN BALTIMORE Yrs. 0 Mos. 0 Days 0	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 25, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 82 Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Angelo Ronconi		14. MOTHER'S MAIDEN NAME Santina De Paula	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Clara Spinato		ADDRESS 317 E. Cold Spring Lane	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Pulmonary edema DUE TO (B) Cerebral hemorrhage DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 day

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) None		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 25, 1951 , to May 26, 1951 , that I last saw the deceased alive on May 26, 1951 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Samuel Weisman		23b. ADDRESS 4004 West 4th Ave M. D.		23c. DATE SIGNED 5/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/30/51		24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24d. LOCATION (City, town, or county) Balto. Md.		24e. DATE RECEIVED BY REGISTRAR MAY 28 1951		24f. REGISTRAR'S SIGNATURE Samuel Weisman	
24g. FUNERAL DIRECTOR 4727 York Ave. 1217 St. Paul St.		24h. ADDRESS		24i. VS 150	

83a

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS



100 51 4761

51 4761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*James Thomas Carey*2. DATE
OF
DEATH*5/26/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Balto

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore (27) 5300

D. STREET ADDRESS (If rural, give location)

Helathorpe P.O. Flower Lane Garden ave

c. Length of stay in Baltimore

*74 yrs*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY*Stonemason**Construction*

11. BIRTHPLACE (State or foreign country)

*Maryland
Howard County*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Ezekiel Carey

14. MOTHER'S MAIDEN NAME

*Mary Jacey*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*218-07-3538*

17. INFORMANT

*Mrs. Mary Ellen Carey - Flower Lane & Gar-*18. *581.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Cirrhosis of Liver*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

*5/20/50**Cirrhosis of Liver & pancreatitis*

20. AUTOPSY?

YES ☐ NO ☒21A. DECEASED WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/20/51*, 19____, to *5/26/51*, 19____, that I last saw the
deceased alive on *5/26/51*, 19____, and that death occurred at *1:15* m., from the causes and on the date stated above.

23A. SIGNATURE

Alvan Bongelaar, M.D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

*5-26-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**5/29/51**Glen Haven Cem**Glen Burnie, Md.*DATE RECEIVED BY
LOCAL REGISTRAR

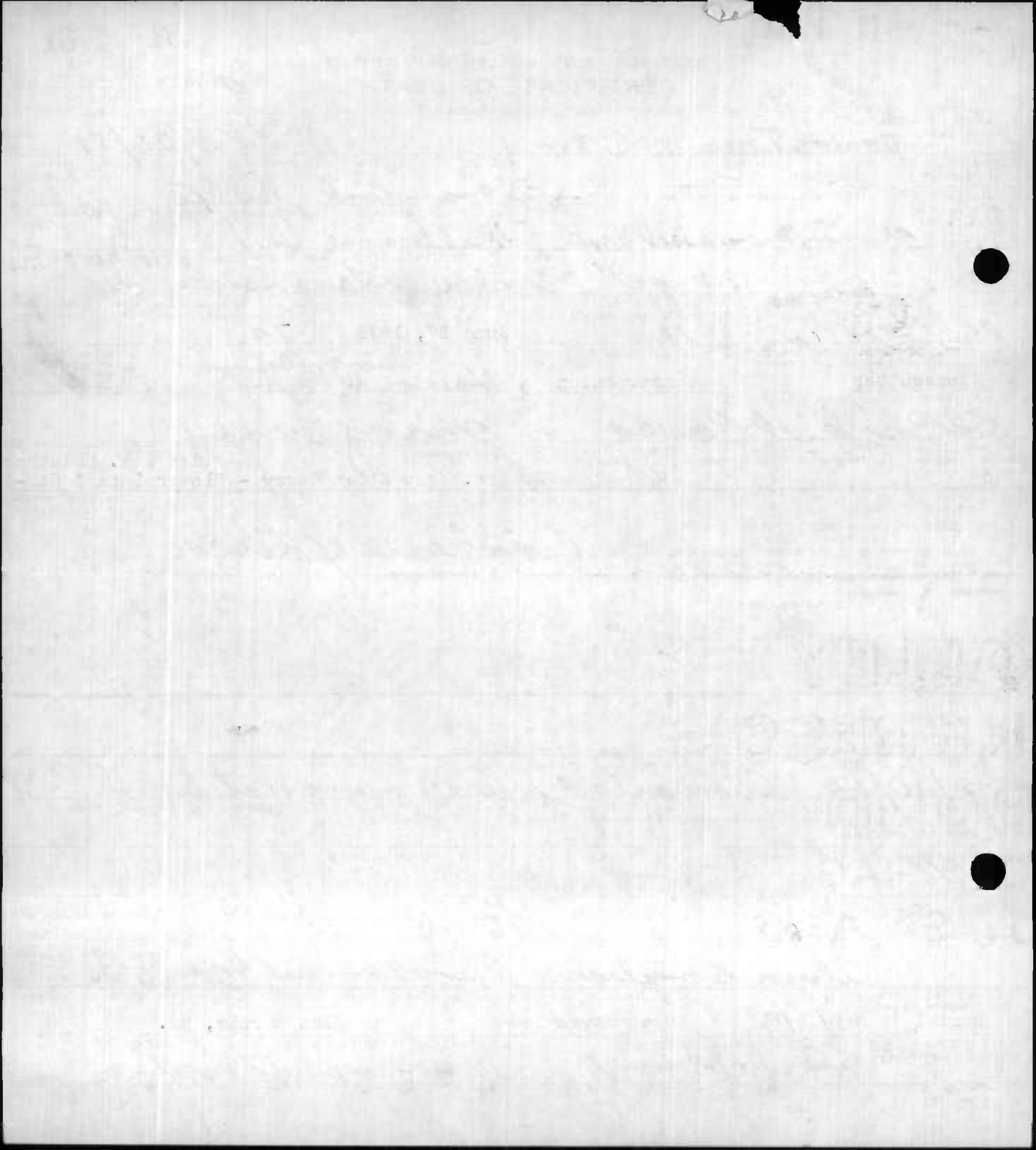
REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Suckener & Son -



BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

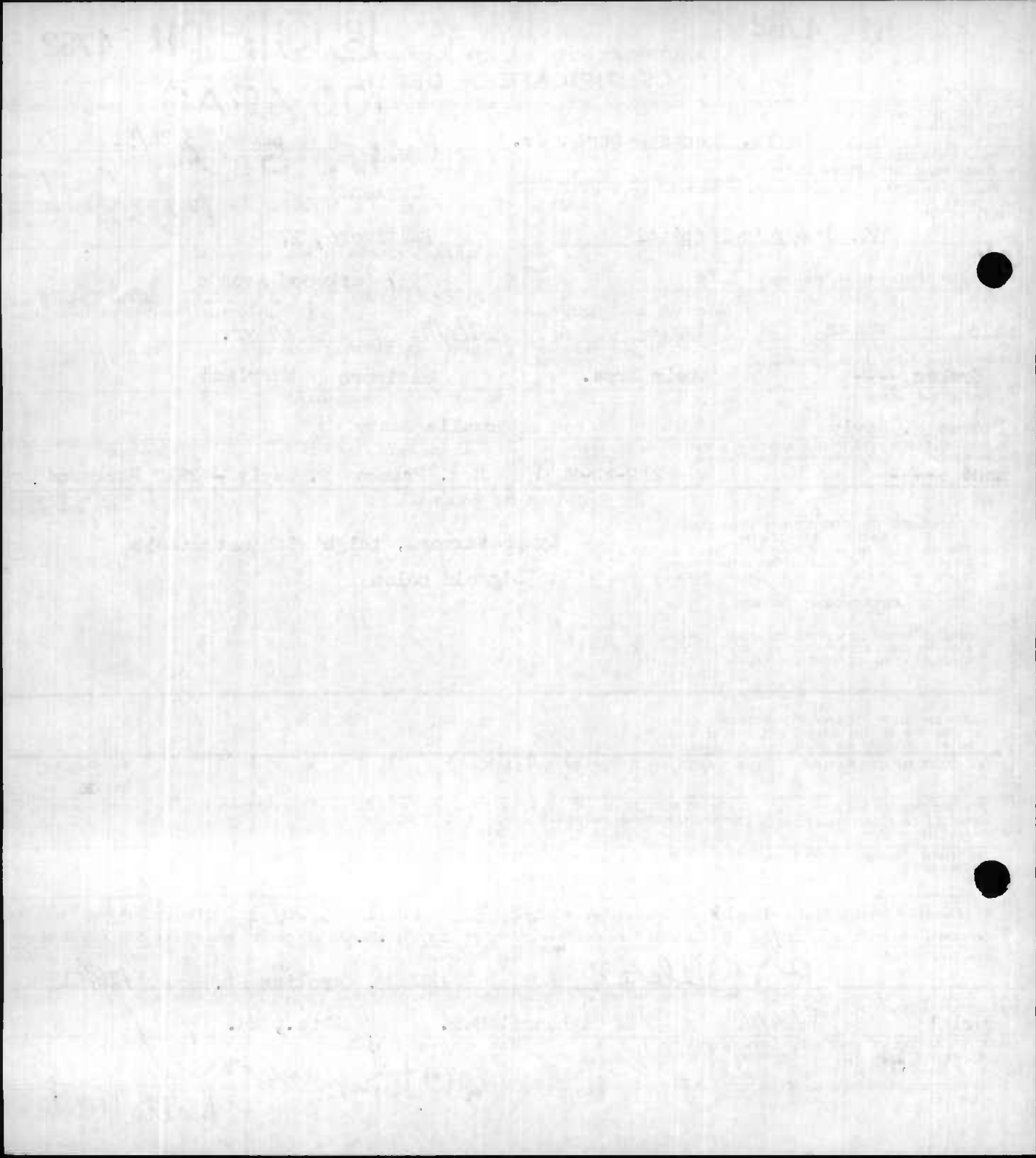
1. NAME OF DECEASED (Type or Print) Bayly, Thomas Robert, Jr.			2. DATE OF DEATH 5/26/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 17		
D. LENGTH OF STAY IN BALTIMORE Life			D. STREET ADDRESS (If rural, give location) 2917 Parkwood Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/9/81	9. AGE (In years last birthday) 69 yr.	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker			11. BIRTHPLACE (State or foreign country) Baltimore Maryland		
10B. KIND OF BUSINESS OR INDUSTRY Stein Bros.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Thomas R. Bayly			14. MOTHER'S MAIDEN NAME Rosalia Busby		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none			16. SOCIAL SECURITY NO. 212-22-2171		
			17. INFORMANT ADDRESS Mrs. Frances S. Bayly - 2917 Parkwood Av		

18. 200.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Lymphosarcoma, thigh with metastasis	
ANTECEDENT CAUSES		DUE TO to Sigmoid colon	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
		DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			

19A. DATE OF OPERATION 5/29/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/29/51 , 19 51 to 5/26/51 , 19 51 that I last saw the deceased alive on 5/26/51 and that death occurred at 9:45 am from the causes and on the date stated above.					
23A. SIGNATURE B. B. Belzer		M. D.		23B. ADDRESS 1100 N. Caroline St.	
23C. DATE SIGNED 5/26/51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/29/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.					
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR ADDRESS 55 E. Balto, Md.	

VS 150

290 71



635 51 4763

51 4763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LYDIA A. GORDON

2. DATE
OF
DEATH

May 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION Ardleigh Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

Linden Terrace

5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 1, 1859

9. AGE (In years
last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edwin Greenfield

14. MOTHER'S MAIDEN NAME

Clarissa Sullivan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. Fitzell

5713 Roland Ave.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

2-3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis
Myocarditis

Gradual

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from July 1945, to May 26, 1951, that I last saw the
deceased alive on May 26, 1951, and that death occurred at 10:39 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1403 Park Ave

5/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/29/51

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cem.

24D. LOCATION (City, town, or county) (State)

Towson, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1951

Huntington

24 Mr. J. S. Sweeney & Sons

931 Balto Md.

1500 30 100

524 51 4764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4764

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARGARET HANSELL		2. DATE OF DEATH May 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 5423 Purlington Way		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 5423 Purlington Way		E. AGE (In years last birthday) 69 F. Under 1 Year _____ G. Under 24 Hours _____ H. Under 1 Year _____ I. Under 24 Hours _____	
5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 24, 1882	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Michael Harrigan		14. MOTHER'S MAIDEN NAME Clara Lyndall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, an or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mr. Dudley R. Hansell-5423 Purlington Wy		ADDRESS _____	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral paralysis hemorrhage and paralysis DUE TO Arterio sclerosis DUE TO hypertension (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 10 days ? about 5 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/28/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 20 , 19 51 , to May 25 , 19 51 , that I last saw the deceased alive on May 25 , 19 51 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dudley R. Hansell		23B. ADDRESS 2220 Garrison Blvd		23C. DATE SIGNED May 26/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/28/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Dickney & Sons		ADDRESS 832 Balto Md.	

WILLIAM
DONALD
BOND

623 51 4765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4765
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH L. WRIGHT		2. DATE OF DEATH May 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3304 Fairview Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3304 Fairview Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 28, 1885
9. AGE (In years last birthday) 96		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Bedford, England		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joel Carter		14. MOTHER'S MAIDEN NAME Matilda Biffen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. J. Purdon Wright - Lake Station		ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) Cardio-vascular disease DUE TO Arterio-sclerosis myocarditis (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH about 5 yrs - 3 mo
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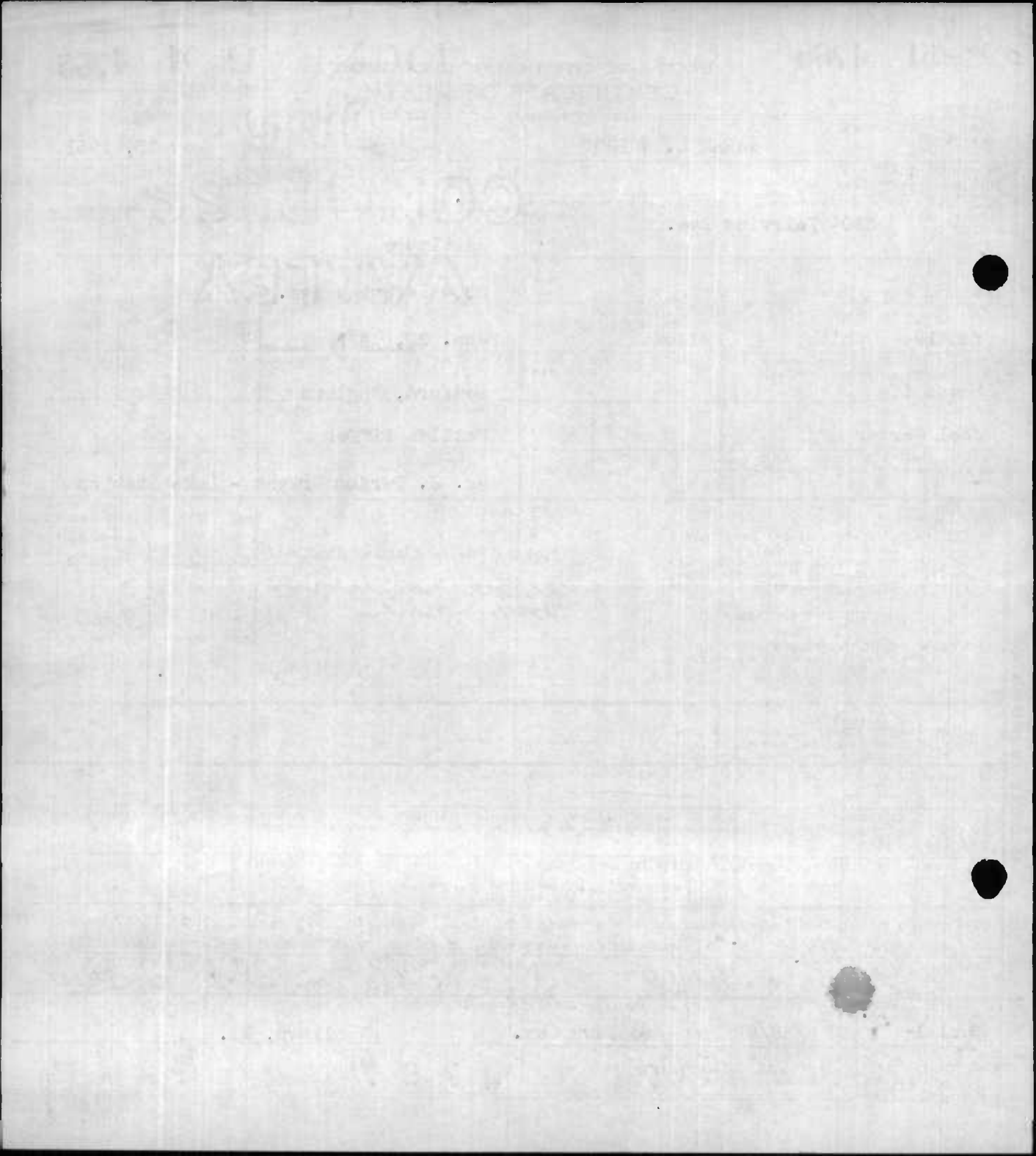
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to May 25, 1951, that I last saw the deceased alive on May 24, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE J. E. Hibert	23B. ADDRESS M. O. 2220 Garrison Blvd	23C. DATE SIGNED May 26/51
--------------------------------	--	-------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/28/51	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR A. J. S. Dickner & Sons - Balt	ADDRESS 937 Md.
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[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

452

51 4767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4767

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD E. KLINGELHOFFER		2. DATE OF DEATH MAY 24-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1132 DUNDALK AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-26	
C. Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1132 DUNDALK AVE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH SEPT-7-1894 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICE		10B. KIND OF BUSINESS OR INDUSTRY SPARROWS PT	
11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME DAVID SHIPYARA		14. MOTHER'S MAIDEN NAME ELIZABETH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT 1132 DUNDALK AVE ANNA B. KLINGELHOFFER		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) C coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

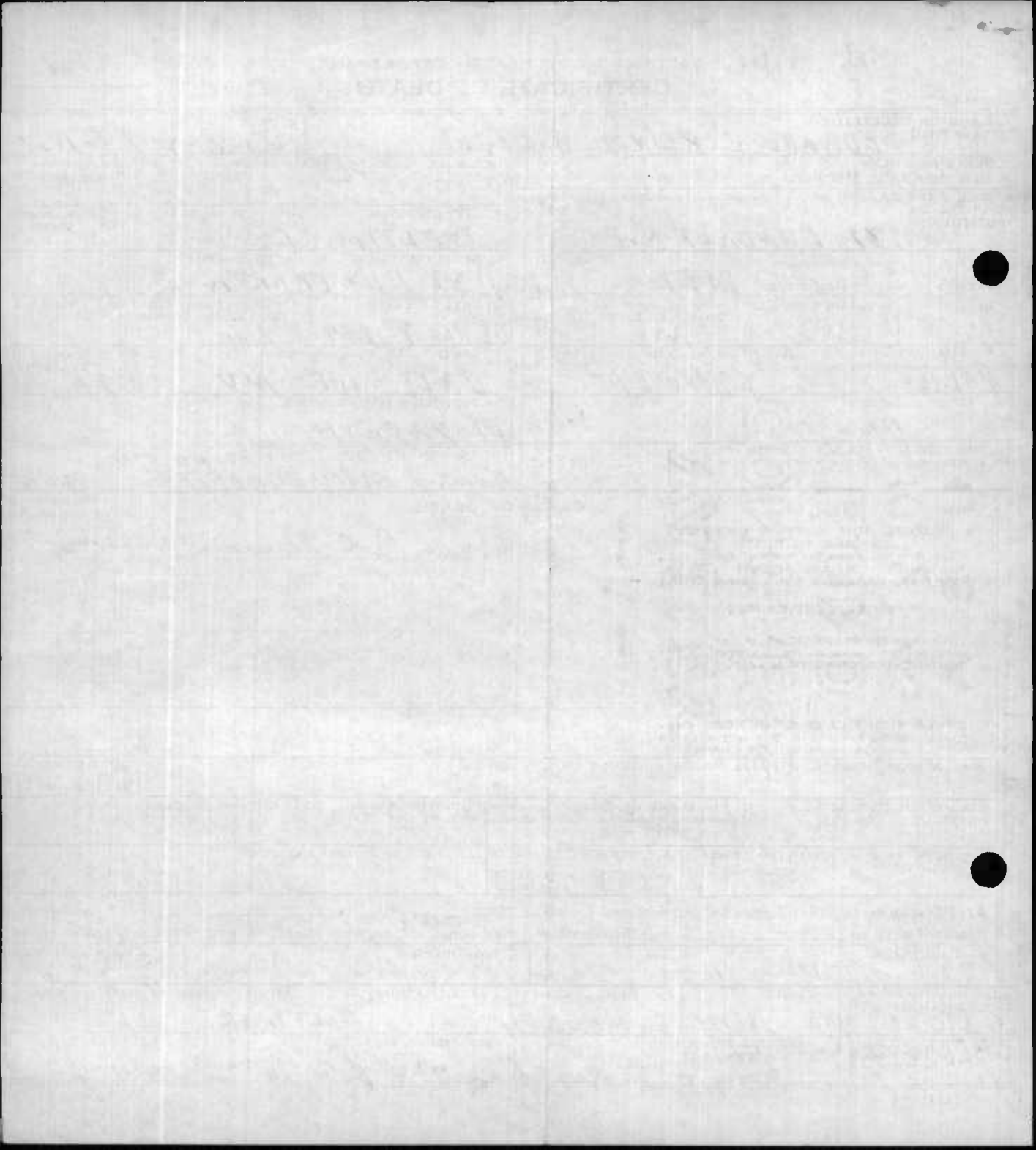
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **2:00 P.** 19**51**, to **2:00 P.** 19**51**, that I last saw the deceased alive on **2:00 P.** 19**51**, and that death occurred at **2:00 P.** m., from the causes and on the date stated above.

23A. SIGNATURE Edward E. Klingelhoff	23B. ADDRESS Dundalk - 22 Ave	23C. DATE SIGNED 5/24/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MAY 28-1951	24C. NAME OF CEMETERY OR CREMATORY IMMANUEL	24D. LOCATION (City, town, or county) (State) BALTIMORE MD
--	---------------------------------	---	--

DATE RECEIVED BY MAY 28 1951	REGISTRAR'S SIGNATURE William P. Hoffman	25. FUNERAL DIRECTOR William P. Hoffman	ADDRESS 1639 Broadway
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BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **DAVID King SUMMERVILLE**

2. DATE OF DEATH **May 24, 1951**

3. PLACE OF DEATH:
 A. Baltimore City, Maryland
 B. FULL NAME OF (If not in hospital or institution, give street address or location)
Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
 A. STATE **MD**
 B. COUNTY _____

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore (N Woodberry)

6. STREET ADDRESS (If rural, give location)
Homeless 13-08

7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) _____

8. DATE OF BIRTH **Nov 11 1881**

9. AGE (In years, la. birth day) **(70)**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Blacksmith

11. BIRTHPLACE (State or foreign country)
Baltimore, MD

12. CITIZEN OF WHAT COUNTRY? **US**

13. FATHER'S NAME **John Somerville**

14. MOTHER'S MAIDEN NAME **Margaret -?**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No**

16. SOCIAL SECURITY NO. _____

17. INFORMANT **Wm Somerville** ADDRESS **Laurel, MD**

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic cardiovascular

ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.
 (B) _____
 (C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME OF INJURY (Hour) _____

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? _____

22. The remains described above, held an **Inspection & Inquiry** and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, of from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. _____

23C. DATE SIGNED **May 25, 1951**

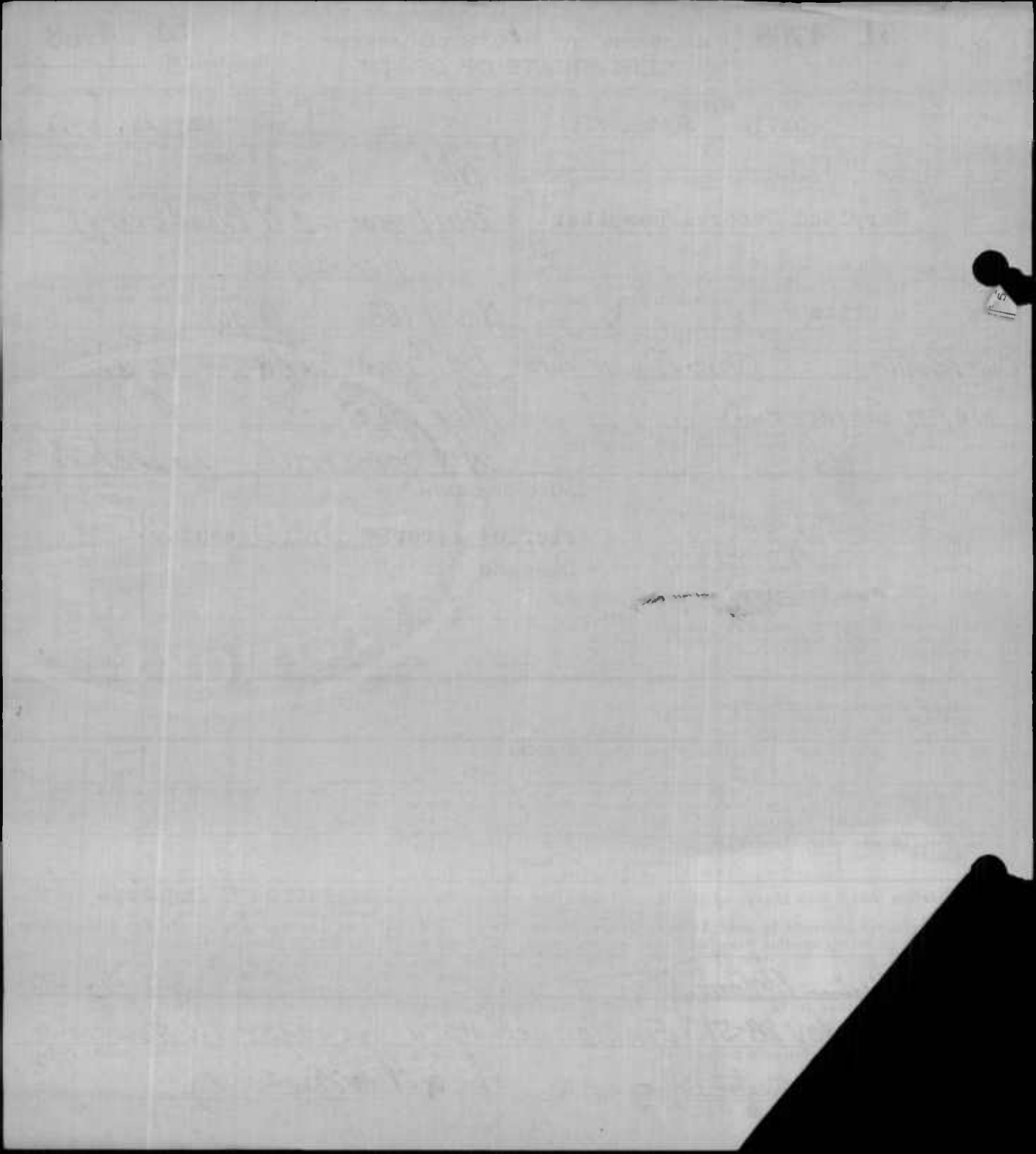
24C. NAME OF CEMETERY OR CREMATORY **Emmanuel Cemy**

24D. LOCATION (City, town, or county) (State) **Scaggsville Howard Co MD**

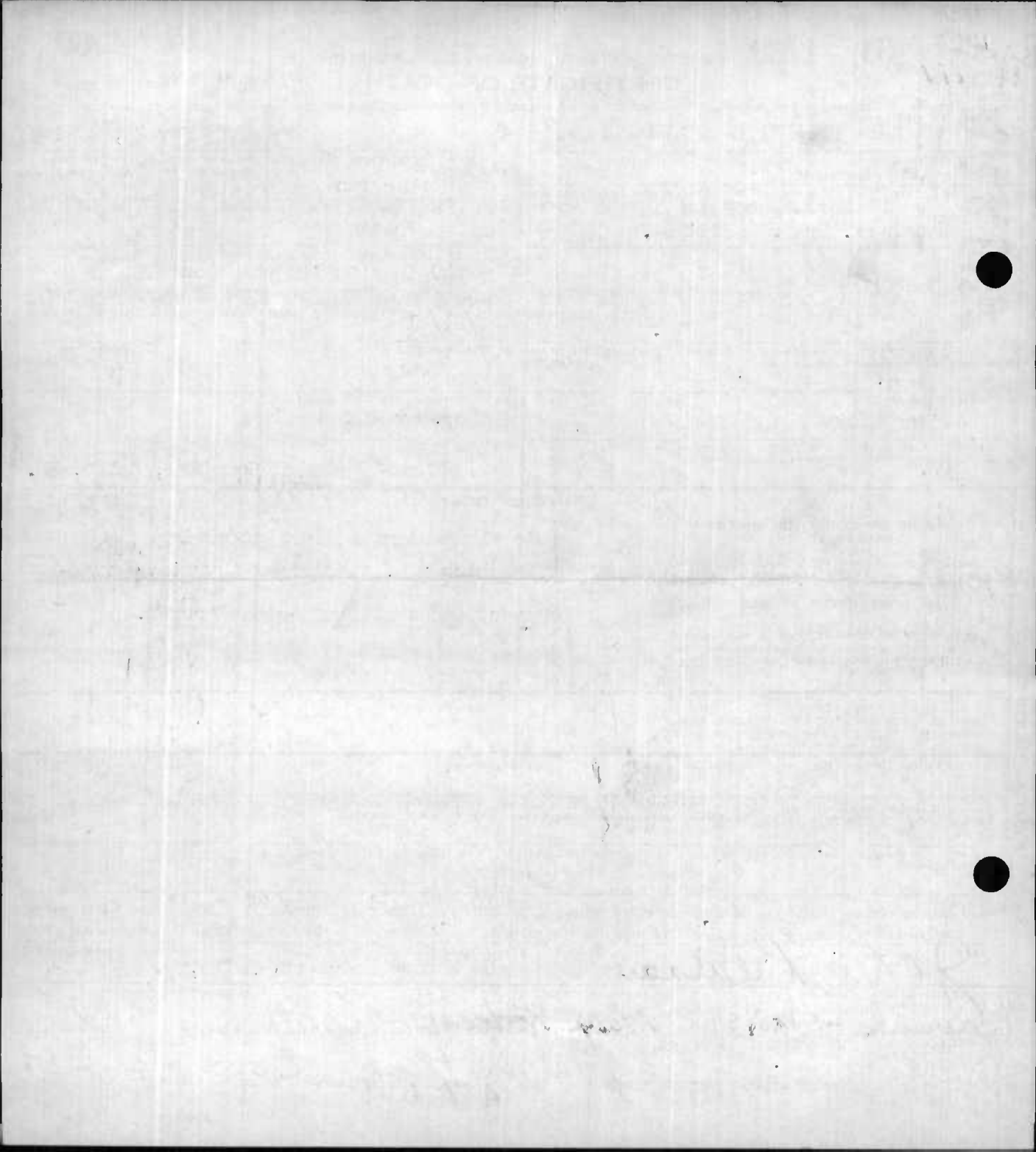
25. FUNERAL DIRECTOR **Wm Somerville** ADDRESS **Laurel, MD**

501 3A 937 ✓

MEDICAL CERTIFICATION

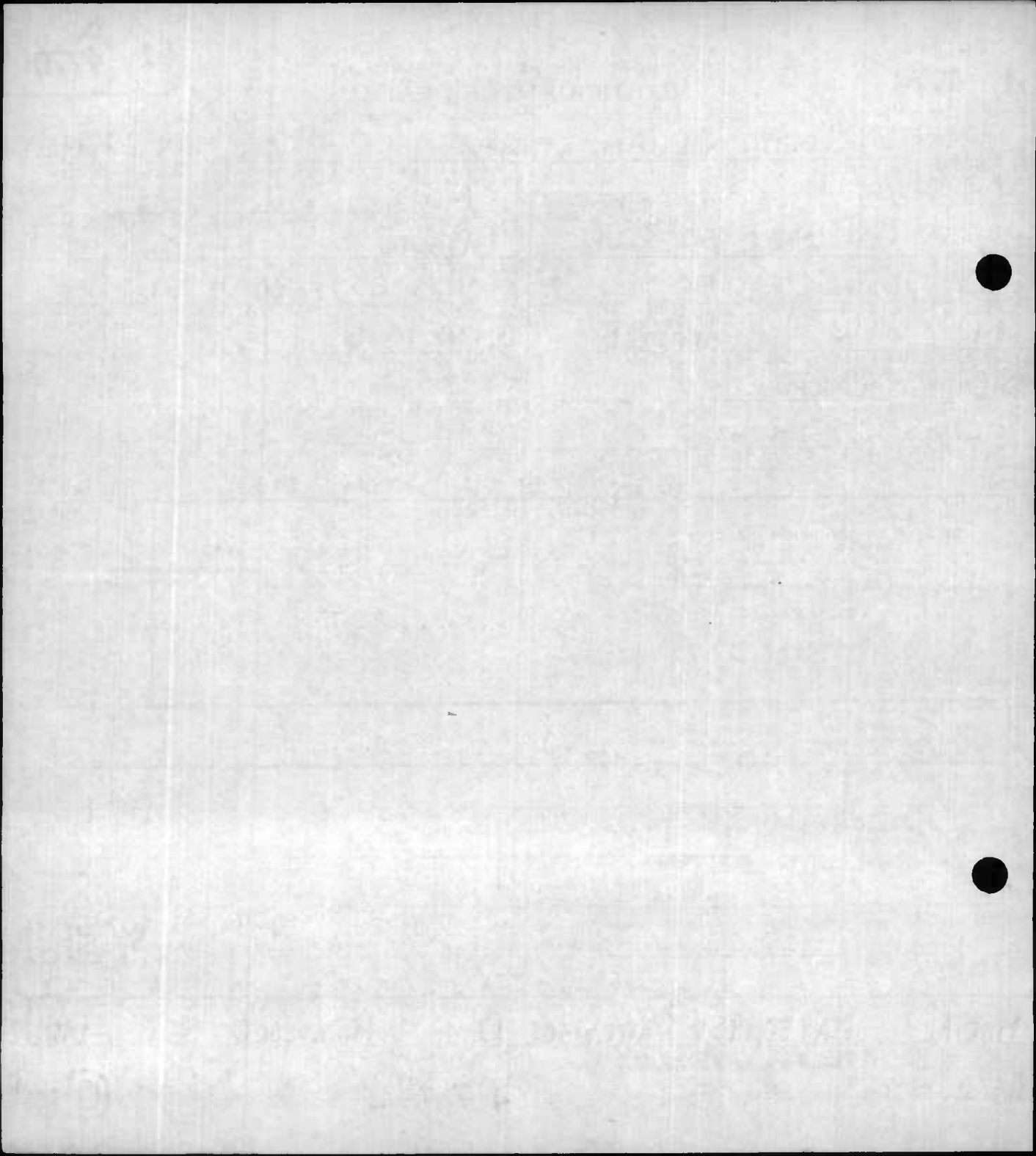


265		51 4789		BALTIMORE CITY HEALTH DEPARTMENT		51 4769	
BIRTH NO.				X Registered No.			
1. NAME OF DECEASED (Type or Print) ISABELE MELINA ACKERMANN				2. DATE OF DEATH May 25, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Pk. Drive & 31st St.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson			
c. Length of stay in Baltimore ?				D. STREET ADDRESS (If rural, give location) 640 Charles Street Avenue 5300			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH 8/21/81	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Vitus Dicke				14. MOTHER'S MAIDEN NAME Dorothy Michel			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Records-US Marine Hospital, Balto, Md.			
18. 4/20.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute right heart failure occurring during biopsy of substernal thyroid. Immediate				CAUSE OF DEATH (A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary and aortic arteriosclerosis.				(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 10 19 51 to May 25 19 51, that I last saw the deceased alive on May 25 19 51, and that death occurred at 9:20A m., from the causes and on the date stated above.							
23A. SIGNATURE John L. Wilson M. D.				23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 5/25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5/28/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR L. J. Luck		ADDRESS 5305 Harford Rd 94a	



230
51 4770BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4770
Registered No. _____

1. NAME OF DECEASED (Type or Print) LOUIS WILLIAM LEIGHT		2. DATE OF DEATH MAY 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 728 EAST 30TH ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 728 EAST 30TH ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 18, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL WORKER		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75
13. FATHER'S NAME LOUIS WM LEIGHT		11. BIRTHPLACE (State or foreign country) MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. 217-07-1729		14. MOTHER'S MAIDEN NAME RUTH ELLEN SMUCK	
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) cerebral thrombosis		17. INFORMANT EVA BACON LEIGHT	
DUE TO		ADDRESS SAME	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 week	
DUE TO			
DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. mild diabetes			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1945 to May 27, 1951 that I last saw the deceased alive on May 25, 1951 , and that death occurred at 4:32 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Jack J. Dinger		23B. ADDRESS 506 E. North Ave	
23C. DATE SIGNED 5-27-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 30, 1951	
24C. NAME OF CEMETERY OR CREMATORY PARKWOOD CEM.		24D. LOCATION (City, town, or county) (State) PARKWOOD MD.	
25. FUNERAL DIRECTOR H.W. JENKINS & SONS CO.		ADDRESS 4905 YORK RD.	



426 51 4771
P460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4771
Registered No.

1. NAME OF DECEASED (Type or Print) John J Plucher (Pluhar)			2. DATE OF DEATH 5-26-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY -02-		
B. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22		
D. STREET ADDRESS (If rural, give location) 617 Washington Blvd.			5. LENGTH OF STAY IN BALTIMORE		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 10-1873	9. AGE (In years last birthday) 78	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabaret			11. BIRTHPLACE (State or foreign country) Baltimore Md.		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME James J. Pluhar		
14. MOTHER'S MAIDEN NAME ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. 315-01-5190			17. INFORMANT ADDRESS A Mrs. J. T. Pluhar-3430 Elmora		

MEDICAL CERTIFICATION

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO DUE TO			19. CAUSE OF DEATH Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION 5/29/51			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?					
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .											
23A. SIGNATURE R. S. Fisher			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....			23C. DATE SIGNED 5/27/51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 5/29/51			24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer					
24D. LOCATION (City, town, or county) (State) Baltimore Md			25. FUNERAL DIRECTOR L. J. Ruck			ADDRESS 5305 Harford Rd					
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951			REGISTRAR'S SIGNATURE W. H. Williams, M.D.			26. ADDRESS 931					

2000
7d

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4772**

250
BIRTH NO. **4772**

1. NAME OF DECEASED (Type or Print) Helen Nickum			2. DATE OF DEATH 5/26/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 14-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sutter Hospital			D. STREET ADDRESS (if rural, give location) 1817 Little Walck St.		
Length of stay in Baltimore Life			Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-13-1910	9. AGE (In years last birthday) 41	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Baltimore Md.		
10B. KIND OF BUSINESS OR INDUSTRY at home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Maester Smith			14. MOTHER'S MAIDEN NAME Annie Sheppard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Robt. Nickum			ADDRESS 1817 Little Walck St.		

18. E816.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) FRACTURE OF SKULL with 1 hr DUE TO Subdural hematoma		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) STREET	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Payson + HARLEM AVE		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-26-51	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Auto + Auto Collision Passenger		

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R S Fisher	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 5-27-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-31-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md
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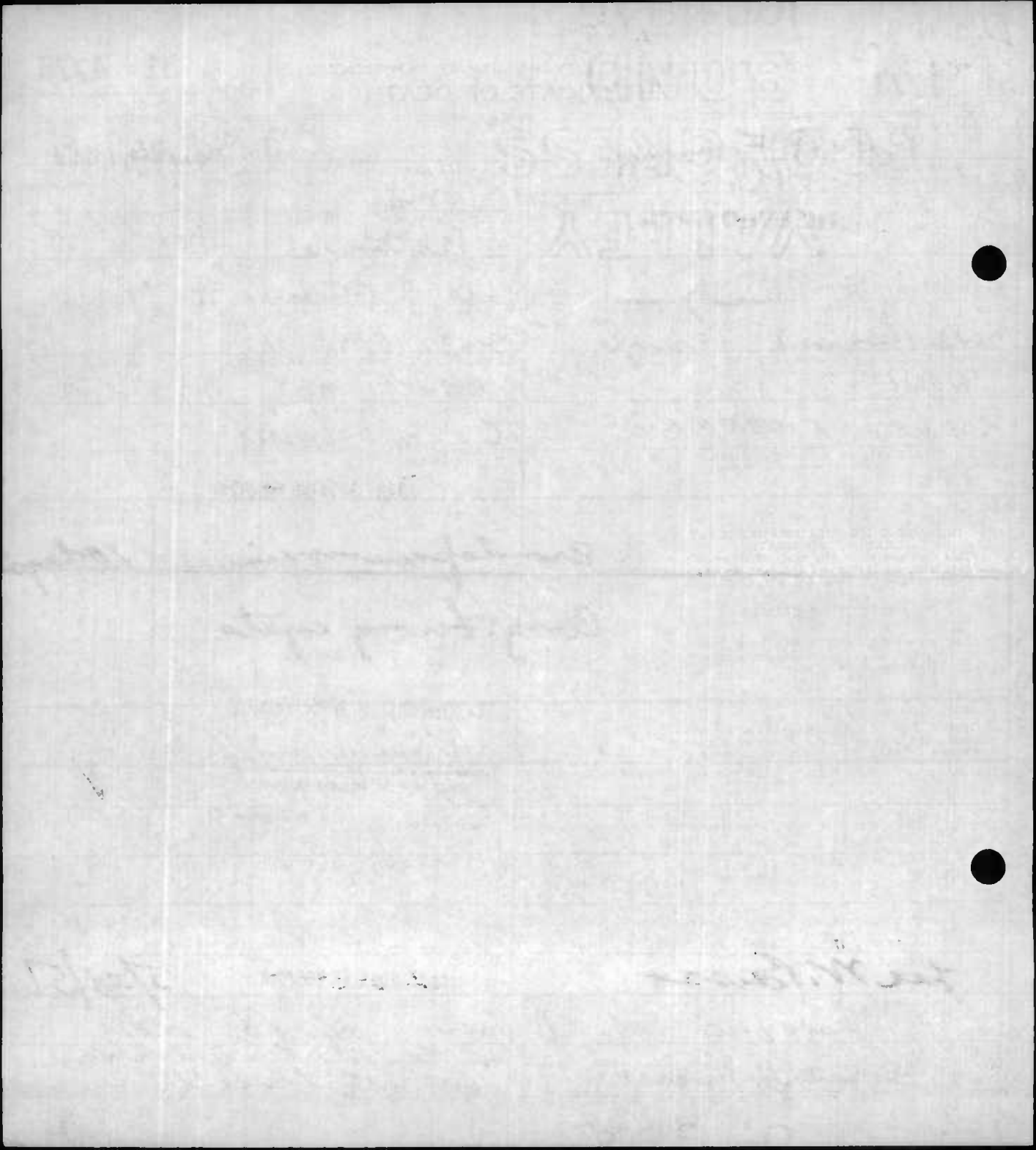
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951	REGISTRAR'S SIGNATURE Wm. A. Jackson	25. FUNERAL DIRECTOR Wm. A. Jackson	ADDRESS 916 Penn. Ave.
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V.S. 151 **N-803.2** **4772** **170C**

MEDICAL CERTIFICATION

B.O.B. B.O.P.D. 51 4773 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 4773 Registered No.	
1. NAME OF DECEASED (Type or Print) Robert Freeman			2. DATE OF DEATH May 26, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland HLH. OPD			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE md.		
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL 3/199			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 609 Pitcher St.		
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 31, 1939	9. AGE (In years last birthday) 11	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME ROBERT FREEMAN		
14. MOTHER'S MAIDEN NAME GRACE LEWIS			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		
18. 759.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Cong. Lung cysts DUE TO (C) _____			INTERVAL BETWEEN ONSET AND DEATH 10 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on May 26, 1951 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Lee W. Bass		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 5/28/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE May 29, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24d. LOCATION (City, town, or county) Bald. Md.		24e. NAME OF FUNERAL HOME W. H. Hill Co.		24f. ADDRESS OF FUNERAL HOME 1457 W. Hill Co.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE W. H. Hill		25. FUNERAL DIRECTOR'S ADDRESS	
VS 150 To be approved by W. H. Hill					

MEDICAL CERTIFICATION



261
51 4774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4774
Registered No.

1. NAME OF DECEASED (Type or Print) GEORGIA BASKERVILLE			2. DATE OF DEATH 5/26/51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 30			d. STREET ADDRESS (If rural, give location) 4311 DEWEY AVENUE		
5. SEX Fe	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/26/99	9. AGE (in years last birthday) 51	If Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WORK DOWN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) VA	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME HENRY TURNER		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT WALTER BASKERVILLE	
				ADDRESS 4311 Dewey Ave	

18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GENERALIZED CARCINOMATOSIS DUE TO METASTATIC CARCINOMA OF DUE TO CERVIX UTERI DUE TO SEVERE SECONDARY ANEMIA	CAUSE OF DEATH GENERALIZED CARCINOMATOSIS METASTATIC CARCINOMA OF CERVIX UTERI SEVERE SECONDARY ANEMIA	INTERVAL BETWEEN ONSET AND DEATH 2 YRS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 5/29/51		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/28 , 19 51 , to 5/26 , 19 51 , that I last saw the deceased alive on 5/26 , 19 51 , and that death occurred at 11:04 a. m., from the causes and on the date stated above.					
23a. SIGNATURE H. L. Welcome		23b. ADDRESS 1106 Hazler Ave		23c. DATE SIGNED 5/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/29/51		24c. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.	
24d. LOCATION (City, town, or county) Balt. Co. Md.		24e. STATE Md.		24f. FUNERAL DIRECTOR Stallard Funeral Home	
24g. ADDRESS 1431 Daniel Hill Ave		24h. DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		24i. REGISTRAR'S SIGNATURE Thurston Williams	

MEDICAL CERTIFICATION

1. The first part of the paper is devoted to a review of the literature on the topic.

525
51 4775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4775

1. NAME OF DECEASED (Type or Print) Mary DINKENS		2. DATE OF DEATH 5/26/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 16-24	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 45 yrs.		D. STREET ADDRESS (If rural, give location) 924 G. Fulton Ave	
5. SEX F	6. COLOR OR RACE Wp	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/24/1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 60
13. FATHER'S NAME MILTON F. JENKINS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT ESTHER DINKENS		ADDRESS 924 FULTON AVE.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Arteriosclerotic Heart Disease DUE TO Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 25, 1951 , to May 26, 1951 , that I last saw the deceased alive on May 26, 1951 and that death occurred at 5:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Robert L. Bonaparte M. D.		23B. ADDRESS 722 G. Fulton Ave	
23C. DATE SIGNED 5/26/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 5/30/1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.	
24D. LOCATION (City, town, or county) Baldw. Co. Md.		(State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR General ADDRESS 4647 Laurel Hill Ave	

933

My Dear

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 11th inst. in relation to the matter of the

Very respectfully,
Your obedient servant,
J. B. [Signature]

420
1 4776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4776

1. NAME OF DECEASED (Type or Print) THOMAS HENRY BLAKE		2. DATE OF DEATH 5-25-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSP		C. CITY OR TOWN BALTIMORE (If outside corporate limits, write RURAL and give township) 14-03	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 1716 MC CONAH	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Jan. 1, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		9. AGE (In years last birthday) 73	
10B. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (State or foreign country) BALTO, MD	
13. FATHER'S NAME JAMES BLAKE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		14. MOTHER'S MAIDEN NAME ELLEN SMITH	
16. SOCIAL SECURITY NO.		17. INFORMANT SISTER ADDRESS SAME	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROTIC HT. Dis.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PARALYSIS - SENILITY		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-11-51 , to 5-25-51 , that I last saw the deceased alive on 5-25 , 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE J. H. Pinkney		23B. ADDRESS Provident Hosp.		23C. DATE SIGNED 5-25-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/28/1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. STATE Md.		24F. COUNTY Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.		25. FUNERAL DIRECTOR Wm. H. Williams, M.D. ADDRESS 165, Grand Hill Circle	

10

10 20

Shipping and
Freight
and
Insurance
and
Other
Expenses

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4777**

1. NAME OF DECEASED (Type or Print) JACK BURNETT		2. DATE OF DEATH May 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2202	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 725 Dover Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH
			9. AGE (in years last birthday) 60 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS Mary Washington 725 Dover St	

18. 443x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Hypertensive cardiovascular disease			
DUE TO			
II ANTECEDENT CAUSES			
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
DUE TO			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

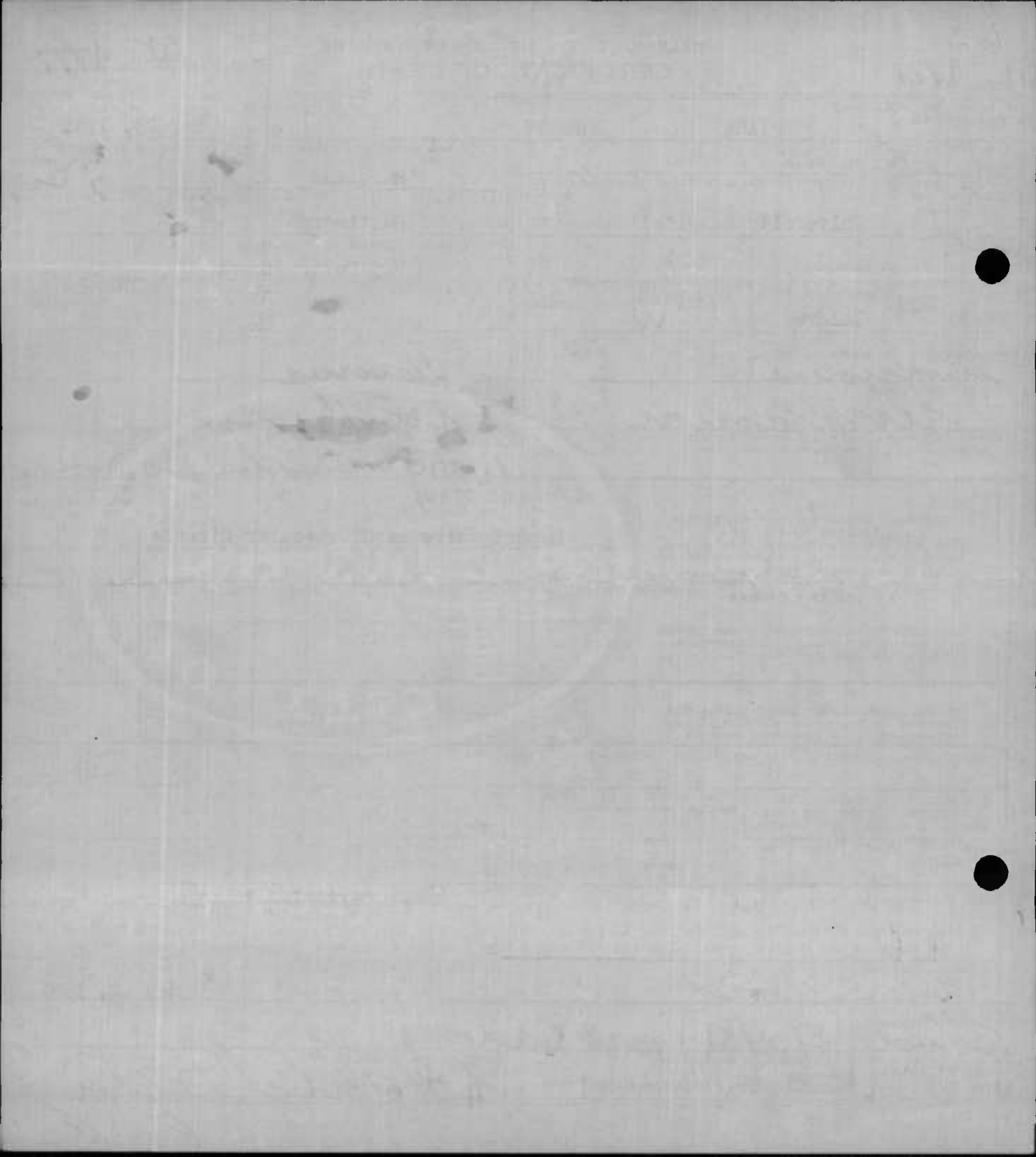
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Williams		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 24, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/31/51		24C. NAME OF CEMETERY OR CREMATORY mt Calvary	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (State) MD			

DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR W. H. Harris	
				ADDRESS 718 Long	

937 Clark



236
1 4778
JL -148383BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4778
Registered No.

1. NAME OF DECEASED (Type or Print) Mary Royster		2. DATE OF DEATH 5-26-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY 10-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 7 yrs.		D. STREET ADDRESS (If rural, give location) 716 Harford Ave. -2	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Aug. 1, 1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 39
13. FATHER'S NAME Joseph Foote		11. BIRTHPLACE (State or foreign country) N. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Marie Hawkins	
17. INFORMANT B. C. H. records, 4940 Eastern Ave.		ADDRESS ✓	

18. 092X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Infected Hepatitis DUE TO Hepatorenal syndrome with uremia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Infected Hepatitis DUE TO Hepatorenal Syndrome Uremia	CAUSE OF DEATH Infected Hepatitis Hepatorenal syndrome with uremia Infected Hepatitis Hepatorenal Syndrome Uremia	INTERVAL BETWEEN ONSET AND DEATH 3 wks. 2 wks 3 wks over
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-10-51 , 19 51 , to May 26 , 19 51 that I last saw the deceased alive on May 26 , 19 51 , and that death occurred at 1.40 PM from the causes and on the date stated above.					
23A. SIGNATURE G. S. Ploger M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 5-26-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE May 29/51	24C. NAME OF CEMETERY OR CREMATORY Littleton N.C.	24D. LOCATION (City, town, or county) (State) 1129 N. Caroline St.
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Robert G. Elliott & Daughter	
VS 150 7208A 32a			

See Document File 51-4778

- 6/13/51

ES

520
51 4779
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4779
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Amanda Johann Long</i>		2. DATE OF DEATH <i>May 26, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Home for Incapacities</i> B. COUNTY <i>Maryland</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home for Incapacities</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
5. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>700 West 40 St.</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept. 17, 1877</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>73</i>
13. FATHER'S NAME <i>William Sraver</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Katherine Shipley</i>	
17. INFORMANT <i>M. F. Owens, Night Supt. Home for Incapacities</i>		ADDRESS	

18. <i>352X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<i>Hemiplegia (Left)</i>		<i>16 years</i>	
(B) DUE TO		<i>Arteriosclerosis (Generalized)</i>		<i>16 years</i>	
(C) DUE TO		<i>Essential Hypertension</i>		<i>16 years +</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 10</i> , 1937, to <i>May 26</i> , 1951, that I last saw the deceased alive on <i>May 25</i> , 1951, and that death occurred at <i>4:55am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. D. G. Hersperger</i>		23B. ADDRESS <i>214 Medical Arts Building</i>		23C. DATE SIGNED <i>5/24/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/28/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel</i>	
24D. LOCATION (City, town, or county) (State) <i>O'Sonnell St. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 28 1951</i>		24F. REGISTRAR'S SIGNATURE <i>William F. ...</i>	
24G. FUNERAL DIRECTOR <i>John A. Connolly</i>		24H. ADDRESS <i>Essex 21-837 mds.</i>		24I. ...	

MEDICAL CERTIFICATION

Oct 8

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51-14503
51 4780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4780

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Rinehart

2. DATE
OF
DEATH

5-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

703 Franklin Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Arthur Lindner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Jan. 11, 1886

9. AGE (In years last birthday)

55

11 Under 1 Year Months: Days

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

11. BIRTHPLACE (State or foreign country)

Maryland

14. MOTHER'S MAIDEN NAME

? Mannuman

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave.

18. 443 X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

7hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

DUE TO

Over 5 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1951, to 5-24, 1951, that I last saw the deceased alive on 5-24, 1951, and that death occurred at 11:00 P. from the causes and on the date stated above.

23A. SIGNATURE

H. Cogen M. O.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/28/51

24C. NAME OF CEMETERY OR CREMATORY

Moulton Pk.

24D. LOCATION (City, town, or county) (State)

Taylor Ave. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1951

John P. Connelly

John P. Connelly - Essex 21-

CERTIFICATE OF DEATH

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

BIRTH

DEATH

INTERVIEW

TESTIMONY

VERIFICATION

SIGNATURE

WITNESSES

NOTARY

REMARKS

FILE

INDEX

100
1 4781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

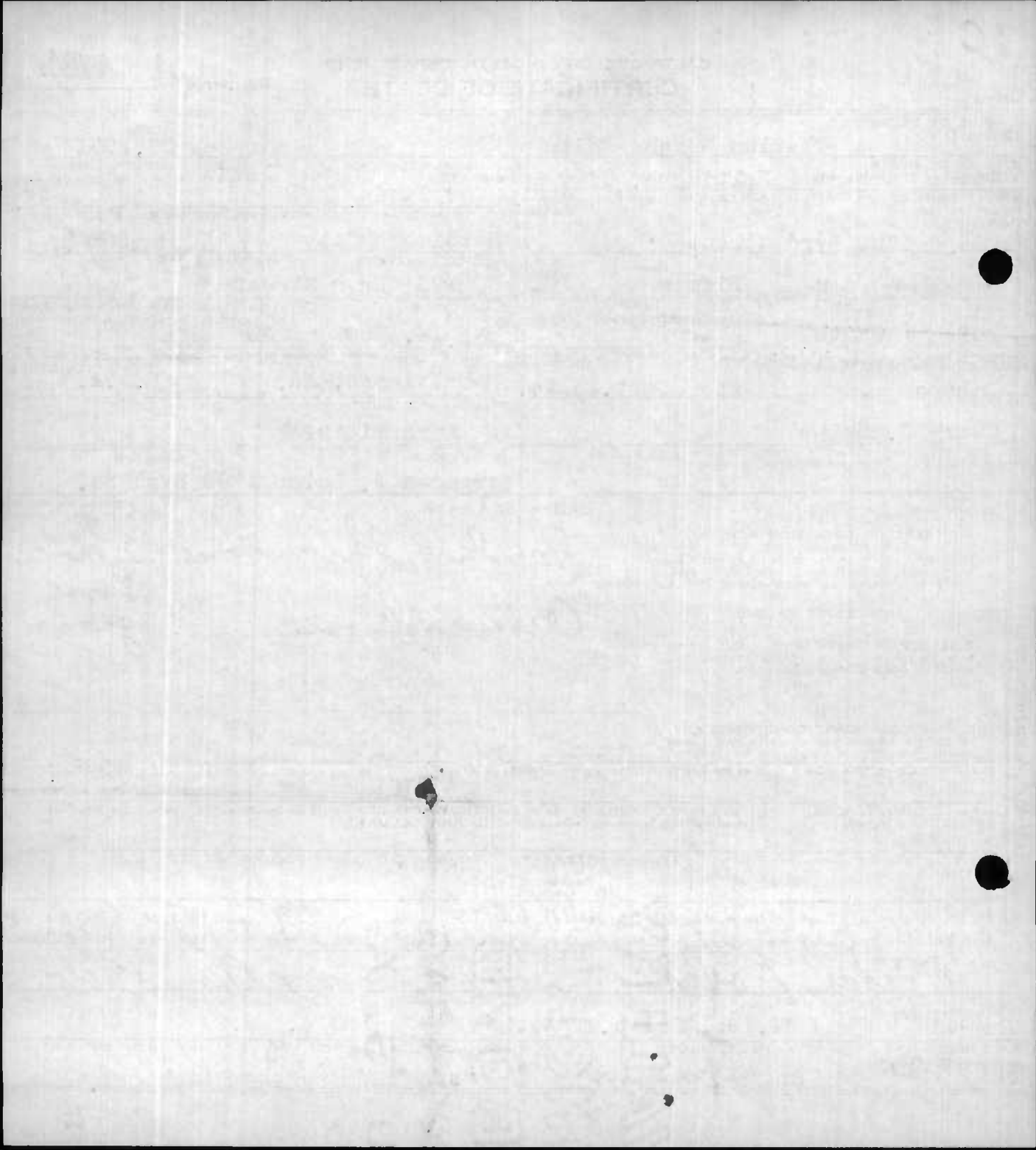
Registered No. 51 4781

1. NAME OF DECEASED (Type or Print) Charles Edmund Seipp			2. DATE OF DEATH May 27, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION I706 Byrd Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
C. Length of stay in Baltimore: Life			D. STREET ADDRESS (If rural, give location) I706 Bryd Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 14, 1980	9. AGE (In years, last birthday) 70	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Water Dept. Balto.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Henry J. Seipp		
14. MOTHER'S MAIDEN NAME Anna Dittrick			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Margaret J. Seipp I706 Byrd St.		
18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Atherosclerosis DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 2 months Several years.					
19. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1946 , 19__, to May 27, 1951 , that I last saw the deceased alive on May 26, 1951 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Walter Kohr		23B. ADDRESS 1020 Fort Ave	23C. DATE SIGNED 5/28/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 31, 1951	24C. NAME OF CEMETERY OR CREMATORY Balto. National		24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE Walter Williams		25. FUNERAL DIRECTOR Flynn & Fleming	
				ADDRESS 1426 Light St.	

MEDICAL CERTIFICATION

9705F

83B



300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4782
Registered No.

1. NAME OF DECEASED (Type or Print) FERDINAND JOHN REED		2. DATE OF DEATH 5-28-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY -	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore -		D. STREET ADDRESS (If rural, give location) 724 Homestead St.	
5. SEX m	6. COLOR OR RACE white	7. SINGLE, MARRIED , WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-19-1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk.		10B. KIND OF BUSINESS OR INDUSTRY Drugs	9. AGE (in years last birthday) 68
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOHN A. REED		14. MOTHER'S MAIDEN NAME MARY M. ERNST	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT WIFE Mrs. Anna T. Reed (Same)		ADDRESS	
18. 466X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH MIGRATORY THROMBOPHLEBITIS DUE TO 3 wks		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-17, 1951 , to 5-28, 1951 , that I last saw the deceased alive on 5-28, 1951 , and that death occurred at 6:20 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Richard Beach		23B. ADDRESS Union Memorial Hospital	
23C. DATE SIGNED 5-28-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/31/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE L. J. Puck	
25. FUNERAL DIRECTOR L. J. Puck		ADDRESS 5305 Narford Rd	

655

1 4783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4783

1. NAME OF DECEASED
(Type or Print)

CARRIE M. GRUENINGER

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2915 Louise Ave

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Balto

27-07

D. STREET ADDRESS (If rural, give location)

2915 Louise Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 4783 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)CAUSE OF DEATH
Acute Cardiac FailureINTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic Myocarditis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 1950, to May 28, 1951, that I last saw the
deceased alive on May 22, 1951, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr White
5214 Stanford

9-10

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4784**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED BROWN

2. DATE
OF
DEATH

May 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR **US Marine Hospital**
INSTITUTION

Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

510 Pulaski Street - N.

c. Length of stay in Baltimore

? 20yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

separated

8. DATE OF BIRTH

? 6/2/1893

9. AGE (In years last birthday)

? age 58

11 Under 1 Year
Months: Days

12 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Resturant

11. BIRTHPLACE (State or foreign country)

NC

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

? Wm. Brown

14. MOTHER'S MAIDEN NAME

? Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)
WWI - Army

16. SOCIAL SECURITY NO.
919-37-4917

17. INFORMANT

Records- US Marine Hospital, Balto, Md.

ADDRESS

18. **181X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pyelonephritis with uremia

3-4 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Squamous cell carcinoma, bladder ?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Mar. 11, 1951** to **May 25, 1951**, that I last saw the deceased alive on **May 25, 1951**, and that death occurred at **8:20A** m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

5/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/29/51

Balto. Nat'l Cem.

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1951

W. J. Budington

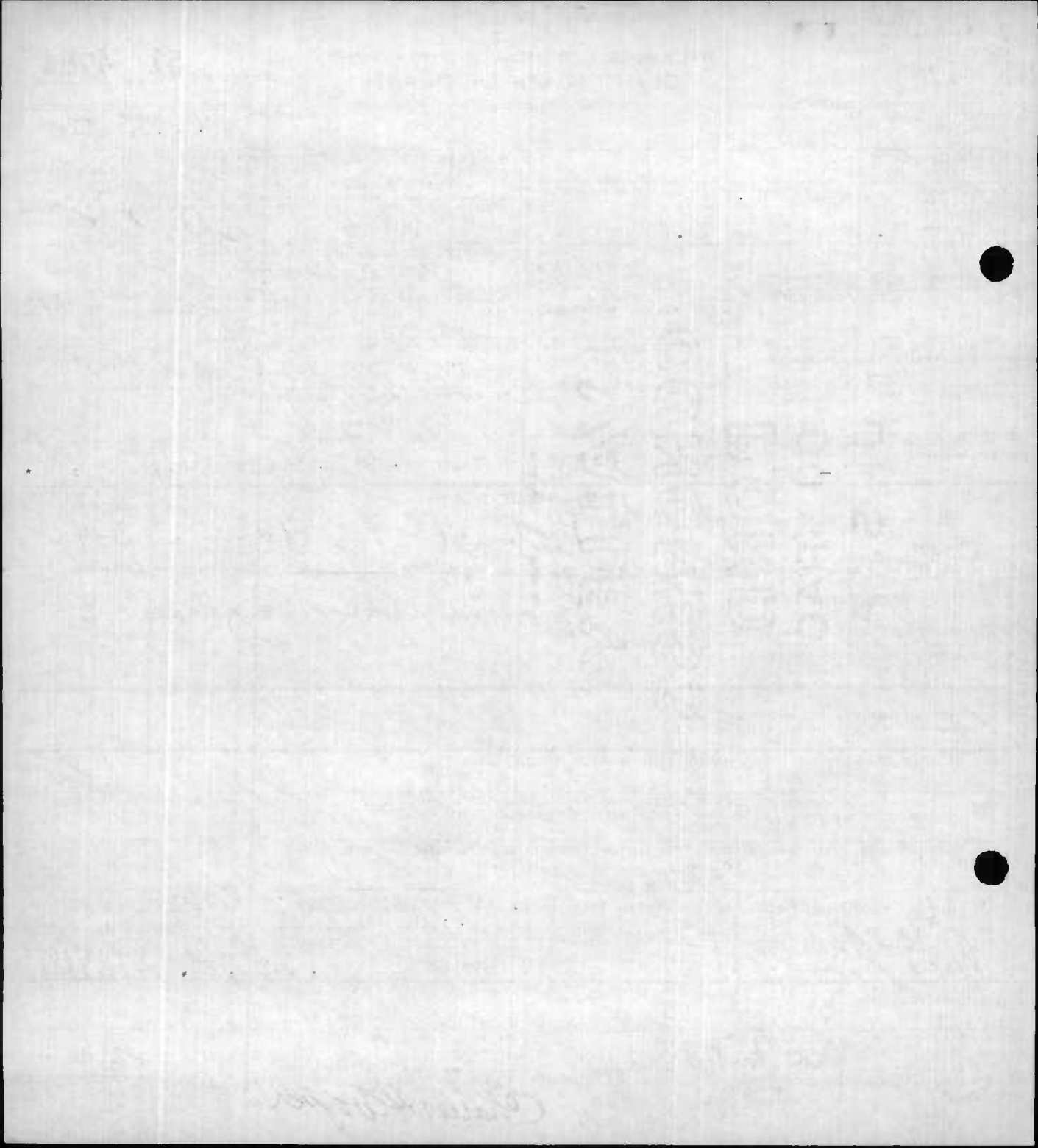
Charles G. Cooper-512 Carrollton Av

VS 150

780 6M Charles G. Cooper

52B

MEDICAL CERTIFICATION



450

1 4785
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4785

1. NAME OF DECEASED (Type or Print) <i>Bernard J. Nolan Sr.</i>		2. DATE OF DEATH <i>5/28/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>136 S. London Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-08</i>	
C. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>136 S. London Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>8/4/1876</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Marble setter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>marble industry</i>	9. AGE (In years last birthday) <i>74</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Michael Nolan</i>		14. MOTHER'S MAIDEN NAME <i>Bridget McHugh</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs Margaret T. Nolan</i>		ADDRESS <i>136 S. London</i>	

18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>General Carcinomatosis</i> DUE TO (B) <i>Carcinoma of Colon</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i> <i>3 years</i>
--	---	---

19A. DATE OF OPERATION <i>11/8/48</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Colon</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1948</i> , to <i>1951</i> , that I last saw the deceased alive on <i>5/28</i> , 1951, and that death occurred at <i>10:10 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Eliot DeLuca</i>		23B. ADDRESS <i>3432 Frederick Ave</i>		23C. DATE SIGNED <i>5/28/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/31/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Howe Cathedral Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd.</i>		24E. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>		24F. ADDRESS <i>706 St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>May 28 1951</i>					
REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>					
50439					
46E					

MEDICAL CERTIFICATION

To be approved by Coroner.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4786

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PATRICK LELAND

2. DATE
OF
DEATH

MAY 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTIMORE, MD

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 9-09

Length of stay in Baltimore

55

Yrs.

D. STREET ADDRESS (If rural, give location)

806 E PRESTON ST.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 16, 1963

9. AGE (In years last birthday)

88

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

POLICEMAN

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

PATRICK LELAND

14. MOTHER'S MAIDEN NAME

JANA DRURY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unk

16. SOCIAL SECURITY NO.

17. INFORMANT

SON (EDWARD LELAND)

ADDRESS

SAME

18. E916.01

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

CARDIAC FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

SHOCK FOLLOWING 1ST, 2ND

DUE TO

AND 3RD DEGREE BURNS OF

(C)

1/4 OF BODY AREA

CERTIFICATION APPROVED BY

William V. [Signature]

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☒

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

806 E. PRESTON ST, BALTIMORE

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5:30 PM MAY 24, 1951

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

DROPPED PIPE IN BED AND CAUGHT BEDDING ON FIRE

22. I hereby certify that I attended the deceased from MAY 24, 1951, to MAY 25, 1951, that I last saw the deceased alive on May 25, 1951, and that death occurred at 8:05 AM, from the causes and on the date stated above.

23A. SIGNATURE

Paul F. Richardson M.D.

23B. ADDRESS

MERCY HOSPITAL

23C. DATE SIGNED

MAY 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 28, 1951

REGISTRAR'S SIGNATURE

Winston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Belmont 900 E Biddle St

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text appears to be a list or series of entries, possibly related to a collection or inventory.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4787**

600
51 4787
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Michael Francis Murray		2. DATE OF DEATH May 26 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 210 Warren Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore	
C. Length of stay in Baltimore _____ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 210 Warren Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 3 1885
10A. USUAL OCCUPATION (Give kind of work if deceased was not working life even if retired) Freight Handler		10B. KIND OF BUSINESS OR INDUSTRY Furst Bros	
13. FATHER'S NAME Thomas Murray		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 217-05-8426	
17. INFORMANT Catherine Crocetti		ADDRESS 210 Warren Ave.	
14. MOTHER'S MAIDEN NAME Brigida Rattigan		12. CITIZEN OF WHAT COUNTRY? _____	

18. **420.1 I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Coronary Thrombosis**
DUE TO

(B) **Arteriosclerosis**
DUE TO

(C) _____

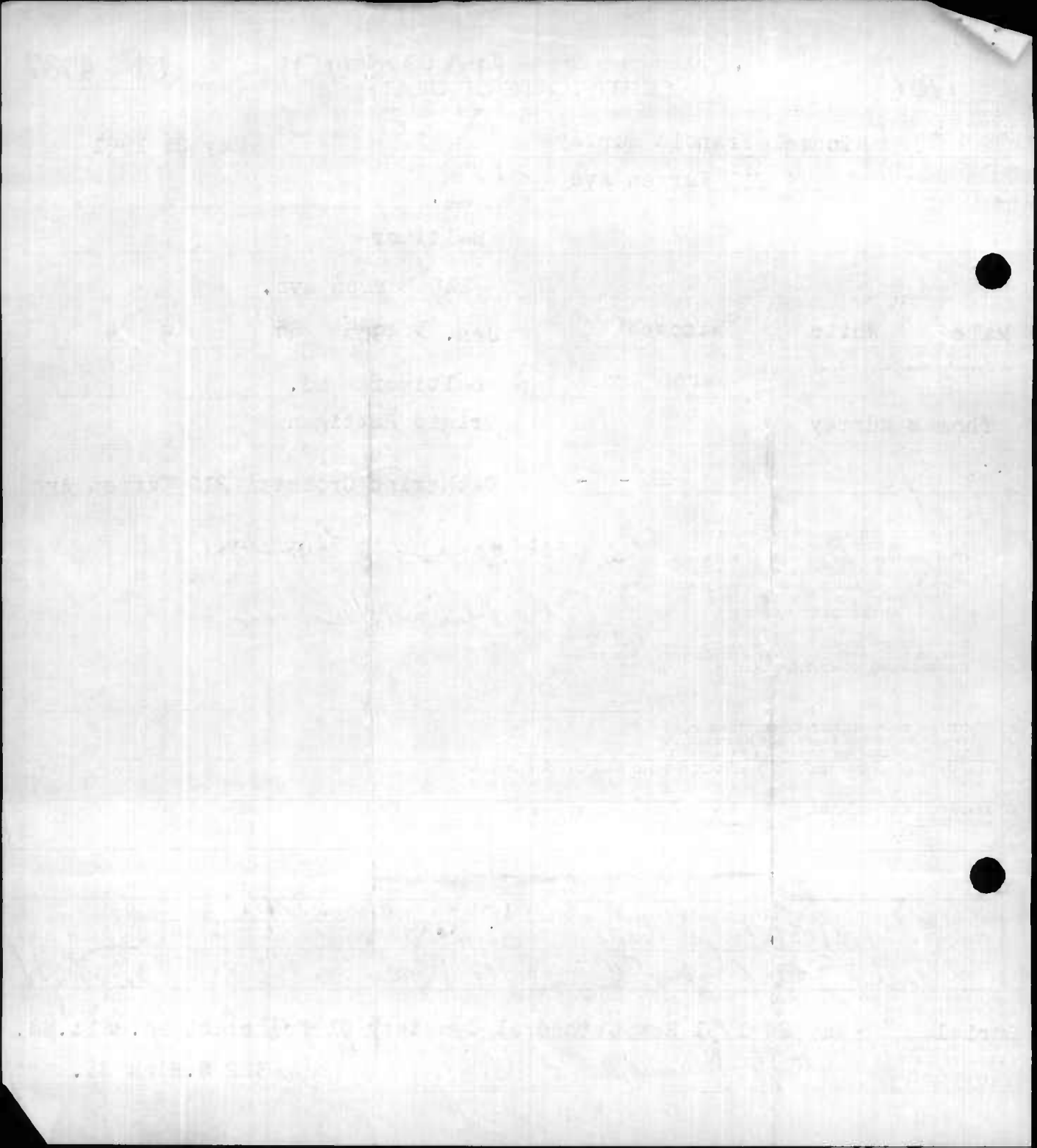
II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1949 , to 5/26/51 , 19____, that I last saw the deceased alive on 5/26/51 , and that death occurred at 2:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Louis J. McGrath		23B. ADDRESS 16 Randall Rd.		23C. DATE SIGNED 5/28/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 29 1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State) Balt. Md.		24E. NAME OF CEMETERY OR CREMATORY Ol Frederick Rd.		24F. LOCATION (City, town, or county) (State) Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE Wilmington Williams		FUNERAL DIRECTOR'S SIGNATURE Paul Delaney	
ADDRESS 322 S. High St.		ADDRESS 322 S. High St.		ADDRESS 322 S. High St.	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4788
Registered No.

425
51 4788
BIRTH NO.

1. NAME OF DECEASED (Type or Print) RUBIN BLASKIN		2. DATE OF DEATH May 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-35	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia	
D. STREET ADDRESS (If rural, give location) 5600 Burks Street		E. LENGTH OF STAY IN BALTIMORE 40 Yrs. 40 Mos. 40 Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Samuel		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Maurie Blaskin		ADDRESS Same	

18. E8164 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushed chest (A) X Antecedent Causes (B) Rupture of pericardium X (C) Left hemothorax	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2 mi. south of Ellicott City U.S. Route 29 at Blooms Corner 6200
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 26, 1951 3:30 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Passenger in an auto and auto collision

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Wood</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED May 28, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 5-28-51	24C. NAME OF CEMETERY OR CREMATORY ROOSEVELT CEM
24D. LOCATION (City, town, or county) (State) Delaware County, Pa	25. FUNERAL DIRECTOR 2100 Centaur Pl	

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
William V. Wood

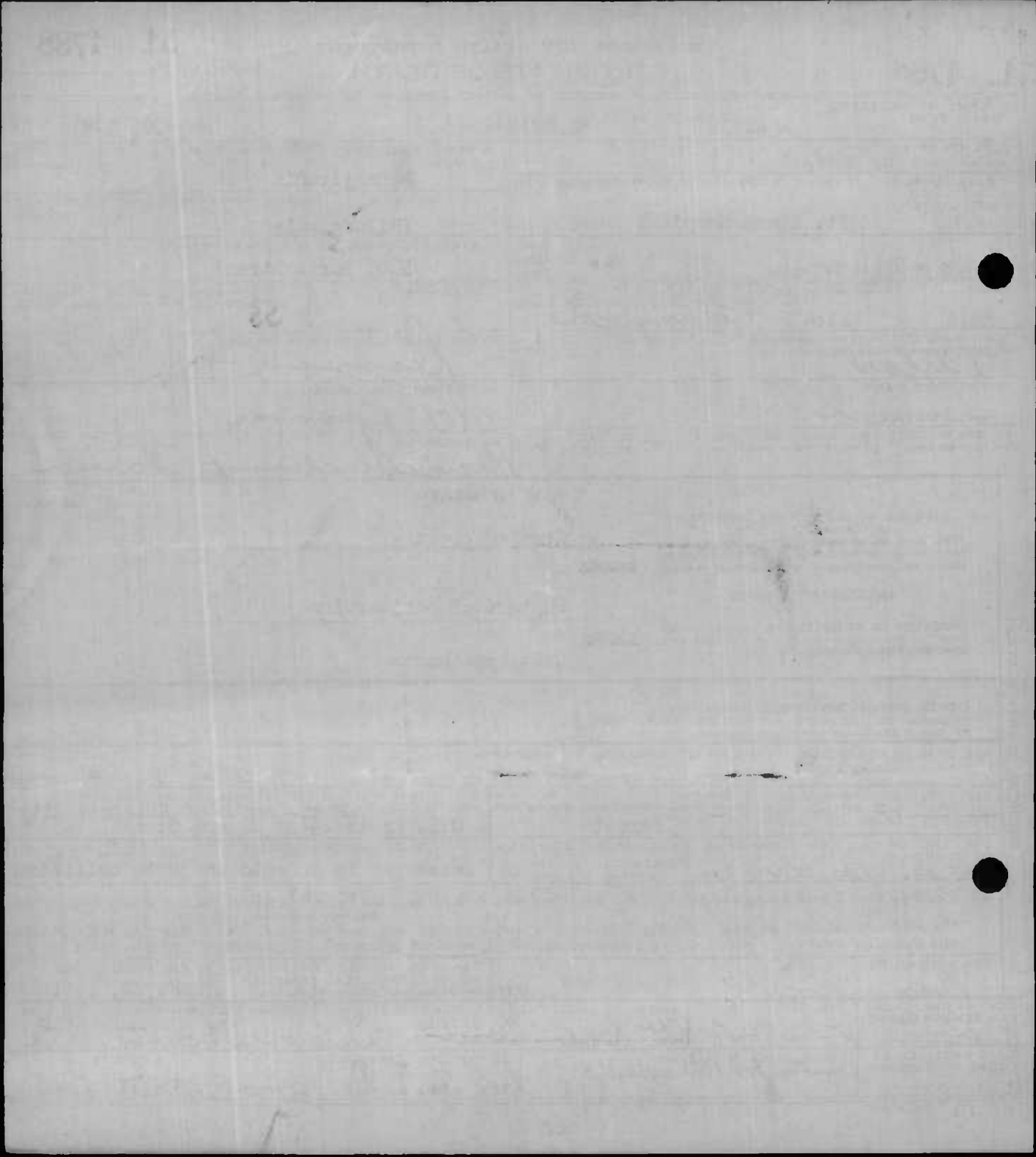
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MEDICAL CERTIFICATION



321
1 4789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

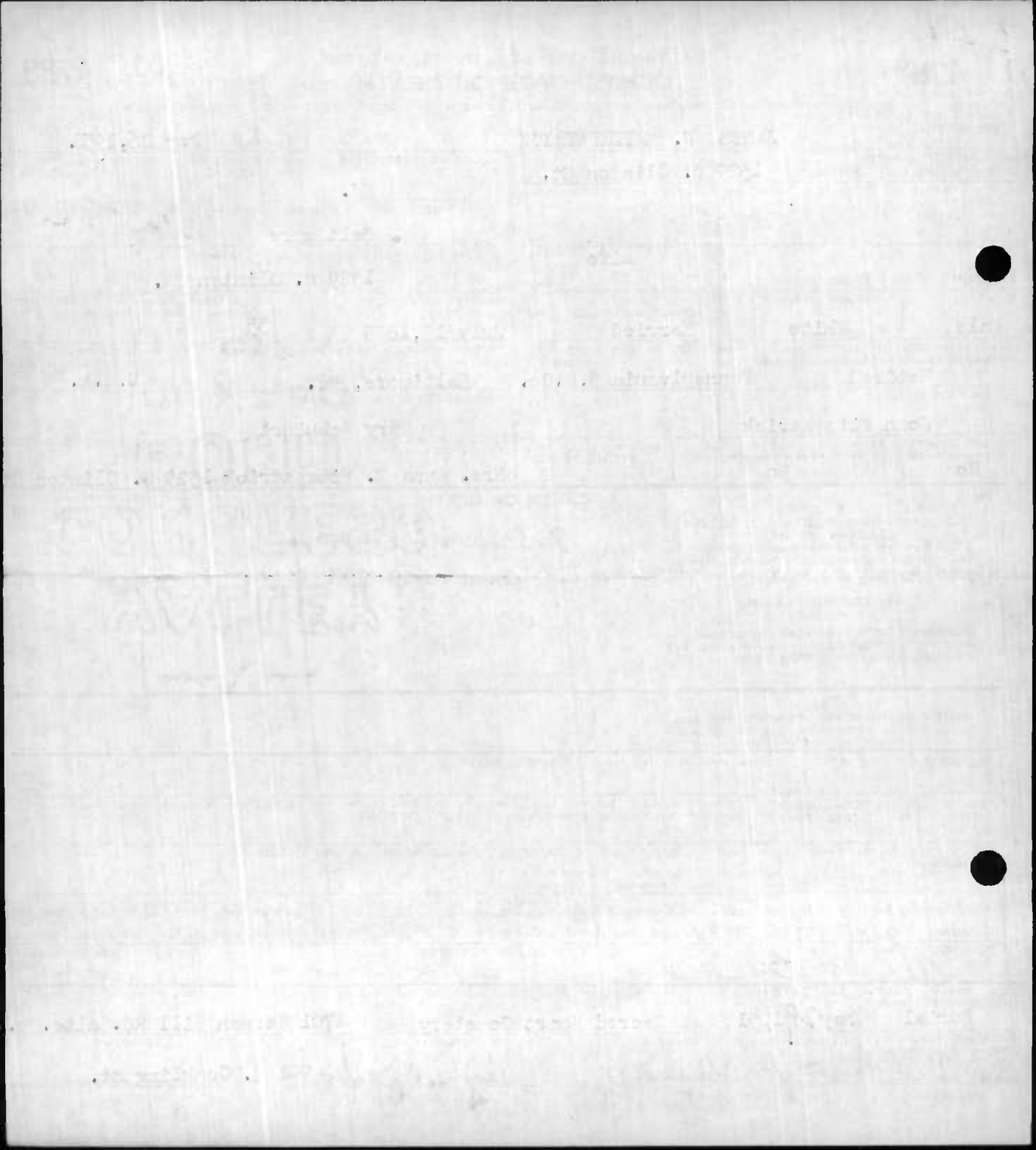
Registered No. 51 4789

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
JAMES J. FITZPATRICK			May 26, 1951		
3. PLACE OF DEATH:					
A. Baltimore City, Maryland 1329 S. Clinton St.					
B. FULL NAME OF (If not in hospital or institution, give street address or location)					
HOSPITAL OR INSTITUTION					
C. Length of stay in Baltimore					
Life Yrs. Mos. Days					
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
A. STATE Md.					
B. COUNTY					
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Baltimore 26-56					
D. STREET ADDRESS (If rural, give location)					
1329 S. Clinton St.					
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)					
Retired CARPENTER Pennsylvania R.R.Co.					
10B. KIND OF BUSINESS OR INDUSTRY					
Baltimore, Md.					
13. FATHER'S NAME					
John Fitzpatrick					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)					
No No					
16. SOCIAL SECURITY NO.					
17. INFORMANT ADDRESS					
Mrs. Anna M. Fitzpatrick 1329 S. Clinton St.					

18. 581.0 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Pulmonary Embolism			
DUE TO		Chr. Myocarditis			
ANTECEDENT CAUSES		(B) Cirrhosis of Liver			
DUE TO		(C)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 6 - 1948, to May 26, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		3426 Bant 6		5/28/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		May 29 1951		Sacred Heart Cemetery	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
4701 German Hill Rd. Balto. Co.		4701 German Hill Rd. Balto. Co.		4701 German Hill Rd. Balto. Co.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAY 28 1951		[Signature]		Charles S. Seiler 901 S. Conkling St.	

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124 B



652
31 4790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4790

BIRTH NO.		1. NAME OF DECEASED (Type or Print) KATHERINE ALICE BURNS		2. DATE OF DEATH May 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5907 Burgess Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 5907 Burgess Avenue		27-44			
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH April 30, 1870			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (In years: last birthday) 81	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		14. MOTHER'S MAIDEN NAME Harriett Bickhart	
13. FATHER'S NAME Jonathan Bickhart		17. INFORMANT ADDRESS Mrs. Conrad Sohn, Towson, Maryland			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Mrs. Conrad Sohn, Towson, Maryland	

MEDICAL CERTIFICATION

18. 217X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) acute coronary Occlusion DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiac Infarction DUE TO		1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Operation (vulvectomy)		
19A. DATE OF OPERATION May 5, 51	19B. MAJOR FINDINGS OF OPERATION non-malignant tumor of labia	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 5** to **May 26**, 19**51**, that I last saw the deceased alive on **May 26**, 19**51**, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE George R. Burns	23B. ADDRESS 4808 Harford Rd.	23C. DATE SIGNED 5/26/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 29, 1951	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
24D. LOCATION (City, town, or county) Parkville, Balto. Co., Maryland		24E. LOCATION (State) Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Maryland

Thursday

Will call Monday

500
51 4791

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4791

1. NAME OF DECEASED (Type or Print) EDWARD B. HEIM		2. DATE OF DEATH 5-26-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Lutheran Hosp		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE md B. COUNTY 20-07	
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN Hospital of Md. Inc		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO	
C. Length of stay in Baltimore? 35 yrs		D. STREET ADDRESS (If rural, give location) 3514 W Franklin St	
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 26, 1888
9. AGE (In years last birthday) 62		10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER		10B. KIND OF BUSINESS OR INDUSTRY Sun Paper	
11. BIRTHPLACE (State or foreign country) PA.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME? Jacob Heim		14. MOTHER'S MAIDEN NAME? Eva Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNK		16. SOCIAL SECURITY NO. 213 05 3293	
17. INFORMANT Mrs. Beulah P. Heim		ADDRESS 3514 W. Franklin St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 456X I DUE TO (A) ELSAnguINATION DUE TO (B) Rupture of Hepatic Artery Aneurysm DUE TO (C) 		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-23 , 19 51 , to 5-26 , 19 51 , that I last saw the deceased alive on 5-26 , 19 51 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE John C. Hyle		23B. ADDRESS Lutheran Hospital	
23C. DATE SIGNED 5-27-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 30/51	
24C. NAME OF CEMETERY OR CREMATORY Western, Edmondson Ave. & Longwood St. Balto. Md.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		REGISTRAR'S SIGNATURE Harry H. Hyle	
25. FUNERAL DIRECTOR Harry H. Hyle		ADDRESS 4101 Edmondson Ave	

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

DATE

TIME

PLACE

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

MANNER OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF CREMATION

PLACE OF CREMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

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DATE OF REINTERMENT

PLACE OF REINTERMENT

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 4792
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **(Harry) Rosario Alascio**

2. DATE OF DEATH **May 26/51**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
2561 Edmondson Ave.

C. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, **Married** DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Fruit Broker** 10B. KIND OF BUSINESS OR INDUSTRY **Own Business**

13. FATHER'S NAME
Joseph Alascio

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Ma.** B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2561 Edmondson Ave.

B. DATE OF BIRTH **May 15, 1876** 9. AGE (In years last birthday) **75** 11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country) **Italy** 12. CITIZEN OF WHAT COUNTRY? _____

14. MOTHER'S MAIDEN NAME
Rose----

17. INFORMANT ADDRESS
Meri (Mary) Alascio, 2561 Edmondson Ave.

18. **4/22/1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) **Anterior Schlemm's Glaucoma**
DUE TO **diagnose -**
(B) **Anterior Schlemm's**
DUE TO **Thrombosis of Abdominal Aorta**
(C) _____

INTERVAL BETWEEN ONSET AND DEATH

17 years
20 years
6 years

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY
5-26-51- 9P m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-20, 1945** to **5-26, 1951**, that I last saw the deceased alive on **5-26-51** and that death occurred at **9P** m., from the causes and on the date stated above.

23A. SIGNATURE **Admones** M. D. 23B. ADDRESS **715 N. Charles St.** 23C. DATE SIGNED **5-28-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **May 29/51** 24C. NAME OF CEMETERY OR CREMATORY **New Cathedral** 24D. LOCATION (City, town, or county) (State) **4300 Old Frederick Rd. Balto. 29, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **MAY 28 1951** REGISTRAR'S SIGNATURE **Harry H. Hutzler** 25. FUNERAL DIRECTOR ADDRESS **4101 Edmondson Ave.**

MEDICAL CERTIFICATION

Page 11

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1950

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4793

1. NAME OF DECEASED (Type or Print)		CARROL JONES		2. DATE OF DEATH May 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore 60 Yrs. Mes. Days		D. STREET ADDRESS (if rural, give location) 1801 Eagle St.			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 14, 1890	9. AGE (In years last birthday) 60	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Worker		10B. KIND OF BUSINESS OR INDUSTRY Davidison Chemical		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Nelson Jones		14. MOTHER'S MAIDEN NAME Julia Farmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-61-4061		17. INFORMANT Berther Jones Wife ADDRESS	
18. <i>E929.3, and 322.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute alcoholism					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ground-Davidson Chemical		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Co. Pier-5520 Pennington Ave 2515	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 25, 1951 5:30 P.m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found lying in hole with head in water	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>J.R. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED May 26, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 29, 1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial	
24D. DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1951		24E. REGISTRAR'S SIGNATURE <i>William H. Williams, M.D.</i>		24F. LOCATION (City, town, or county) (State) Baltimore, Maryland	
25. FUNERAL DIRECTOR Arlington Phillips 1134 N. Stricker		ADDRESS			

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MEDICAL CERTIFICATION

1954

STATE OF TEXAS

1954

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4794**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES J. CARROLL		2. DATE OF DEATH May 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1416 Reynolds Street		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 9
9. AGE (In years last birthday) 76		10. MONTHS 12	11. DAYS 24
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY Shipyard	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 25-01-3123	
17. INFORMANT Mrs. K. Lawrence		ADDRESS 1451 E. Pratt St.	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
(B) DUE TO		
(C) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE OF DEATH UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 5-25-51		24. LOCATION (City, town, or county) (State) Balto. Md.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/29/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cms.	24D. LOCATION (City, town, or county) (State) Balto. Md.
25. FUNERAL DIRECTOR Wm. H. Williams		ADDRESS 1501 E. Fort Ave.	

1899

Received of
the Treasurer

of the
Board of Directors

for the sum of
Five Dollars

AB-147913

600 51 4795

51 4795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Estelle Moore		2. DATE OF DEATH 5-28-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03	
D. STREET ADDRESS (If rural, give location) 2204 Morris St. zone 17			
5. SEX F		6. COLOR OR RACE N	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 15-1910	
9. AGE (in years last birthday) 40		10. Under 1 Year Months: _____ Days: _____	
11. Under 24 Hours Hours: _____ Min: _____			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Junius Hall		14. MOTHER'S MAIDEN NAME Callie McNeil	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or none) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records : 4940 Eastern Ave.		ADDRESS	

18. 744.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myasthenia Gravis (A) ... DUE TO ANTECEDENT CAUSES (B) ... DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH lyr.
---	--	---

19A. DATE OF OPERATION 11		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-23 , 19 51 to 5-28 , 19 51 that I last saw the deceased alive on 5-28 , 19 51 , and that death occurred at 11:30 AM , from the causes and on the date stated above.					
23A. SIGNATURE H. Rozen M. D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 5-28-1951	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5/29/51		24C. NAME OF CEMETERY OR CREMATORY Lehigh Hall Cemetery		24D. LOCATION (City, town, or county) (State) 1208 McCulloch St	
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1951		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		25. FUNERAL DIRECTOR Rowland W. R.		ADDRESS	

100

620 51 4796

51 4796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNIE CRAIG

2. DATE
OF
DEATH

MAY 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-3

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

13-05

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

720 SINGER AVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-22-01

9. AGE (In years
last birthday)

30

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-03-6701

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 292.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)A. Aplastic anemia
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

7 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-7-51

19B. MAJOR FINDINGS OF OPERATION

Normal spleen

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19-1951 to 5-25-1951 that I last saw the
deceased alive on 5-25-1951 and that death occurred at 4:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Langford

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

St Mary's

24D. LOCATION (City, town, or county) (State)

Hampden

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. Williams

25. FUNERAL DIRECTOR

Paul B. Benquet 365-17 Chestnut Ave

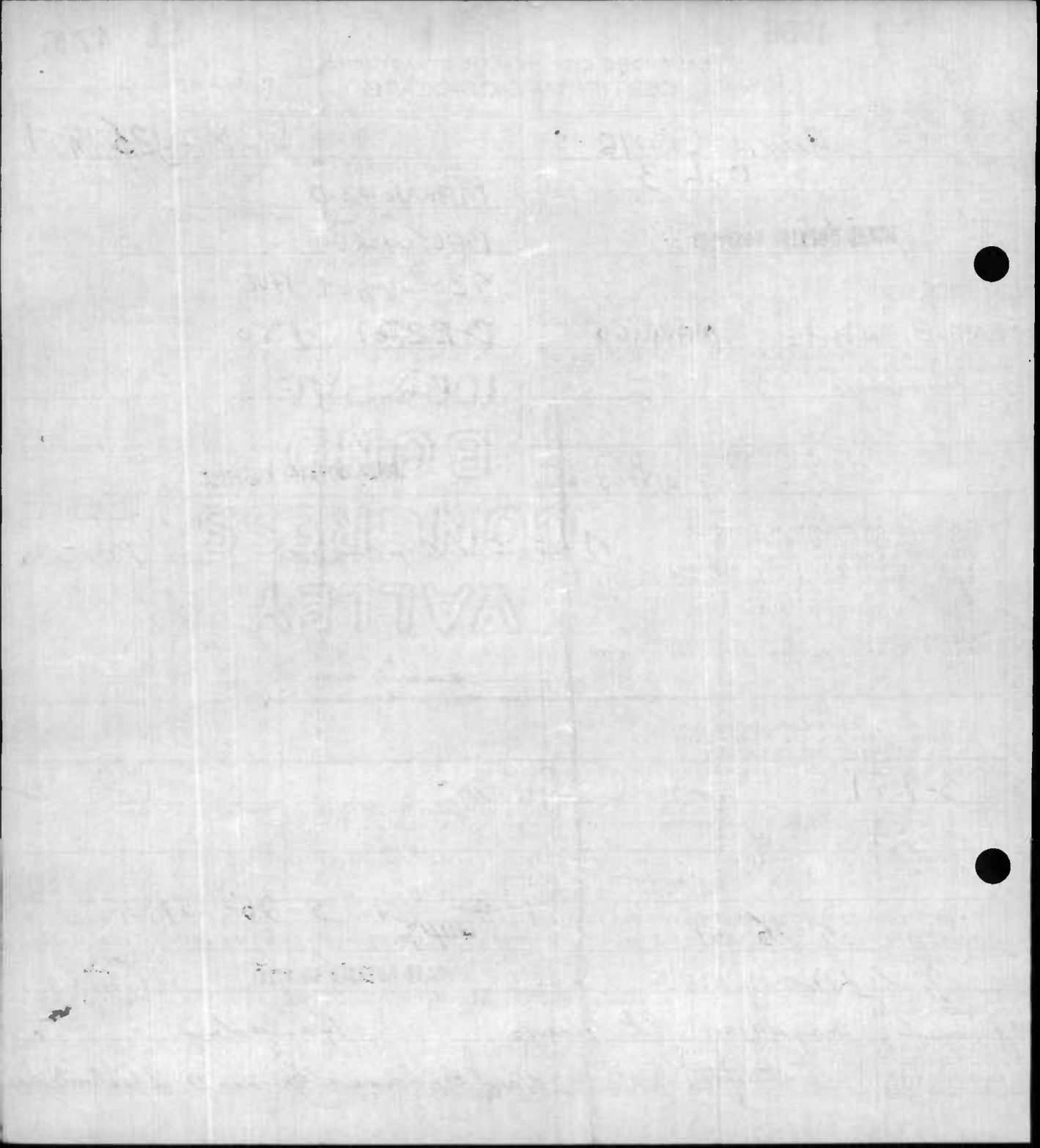
ADDRESS

MAY 29 1951

VS 150

737

MEDICAL CERTIFICATION



253 51 4797

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4797
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katie Siskind

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3520 N Hilton Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

15-12

township)

D. STREET ADDRESS (If rural, give location)

3601 Reisterstown Road

C. Length of stay in Baltimore

40 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

1894

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
House Wife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hyman Shapiro

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Jacob Siskind 3601 Reist. Rd.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1951 to 5/27, 1951, that I last saw the
deceased alive on 5/27, 1951, and that death occurred at 10:35 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

Shraier Zion Cong. Rosedale Batts. Mch.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

The Hon. William H. ...

Sol. L. ... Bus W. North ave

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 2. *Curculionidae*
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 100. *Chrysomelidae*

51 4798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4798

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Maurice Moyer.

2. DATE
OF
DEATH

5-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland St. Agnes Hospital

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital-Caton Avenue.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland -

C. CITY OR TOWN

Baltimore,

D. STREET ADDRESS (If rural, give location)

5600 Edmondson Avenue #29

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired.

13. FATHER'S NAME

Henry W. Moyer.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Jan. 18/73

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pa/

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Sarah Ryan.

17. INFORMANT

ADDRESS

Mrs. Marie A. Moyer. - 5600 Edmondson Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Ruptured Left Ventricle
DUE TO(B) Massive Coronary Infarction
DUE TO

(C) Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16, 1951, to 5/28, 1951, that I last saw the
deceased alive on 5/28, 1951, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

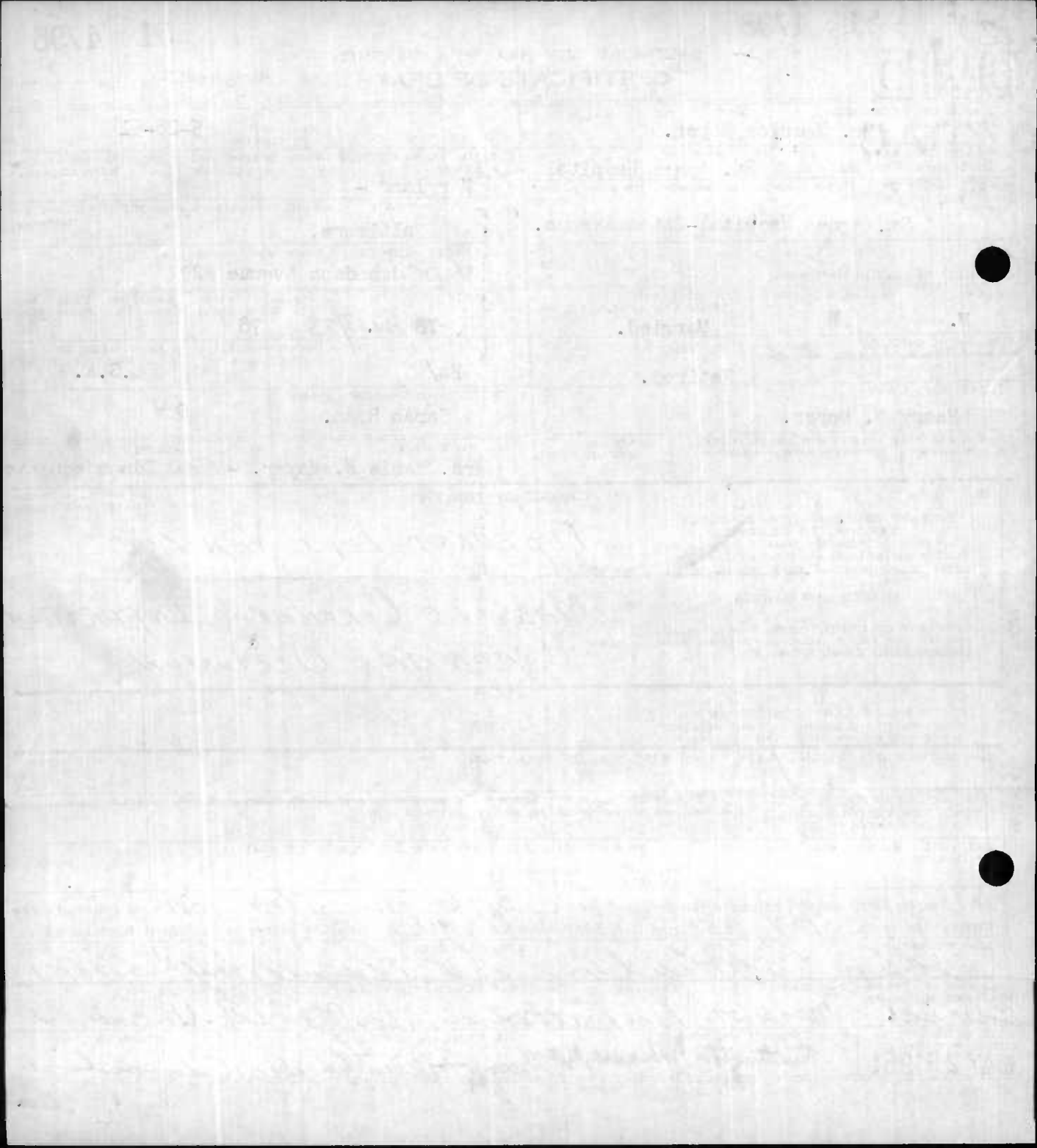
ADDRESS

MAY 29 1951

VS 150

94a Ann

MEDICAL CERTIFICATION



560
REA-148859

51 4799

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4799

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Joseph Baumer

2. DATE
OF
DEATH

5-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

87 Kinship Rd. Balto. Co. 22

5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Dec. 2, 1906

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

SHIPYARD

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

Margaret Betch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intraventricular Hemorrhage

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

4 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26 1951, to 5-28, 1951, that I last saw the
deceased alive on 5-28, 1951, and that death occurred at 12:25 A. M., from the causes and on the date stated above.

23A. SIGNATURE

C. S. O'Brien

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 31/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

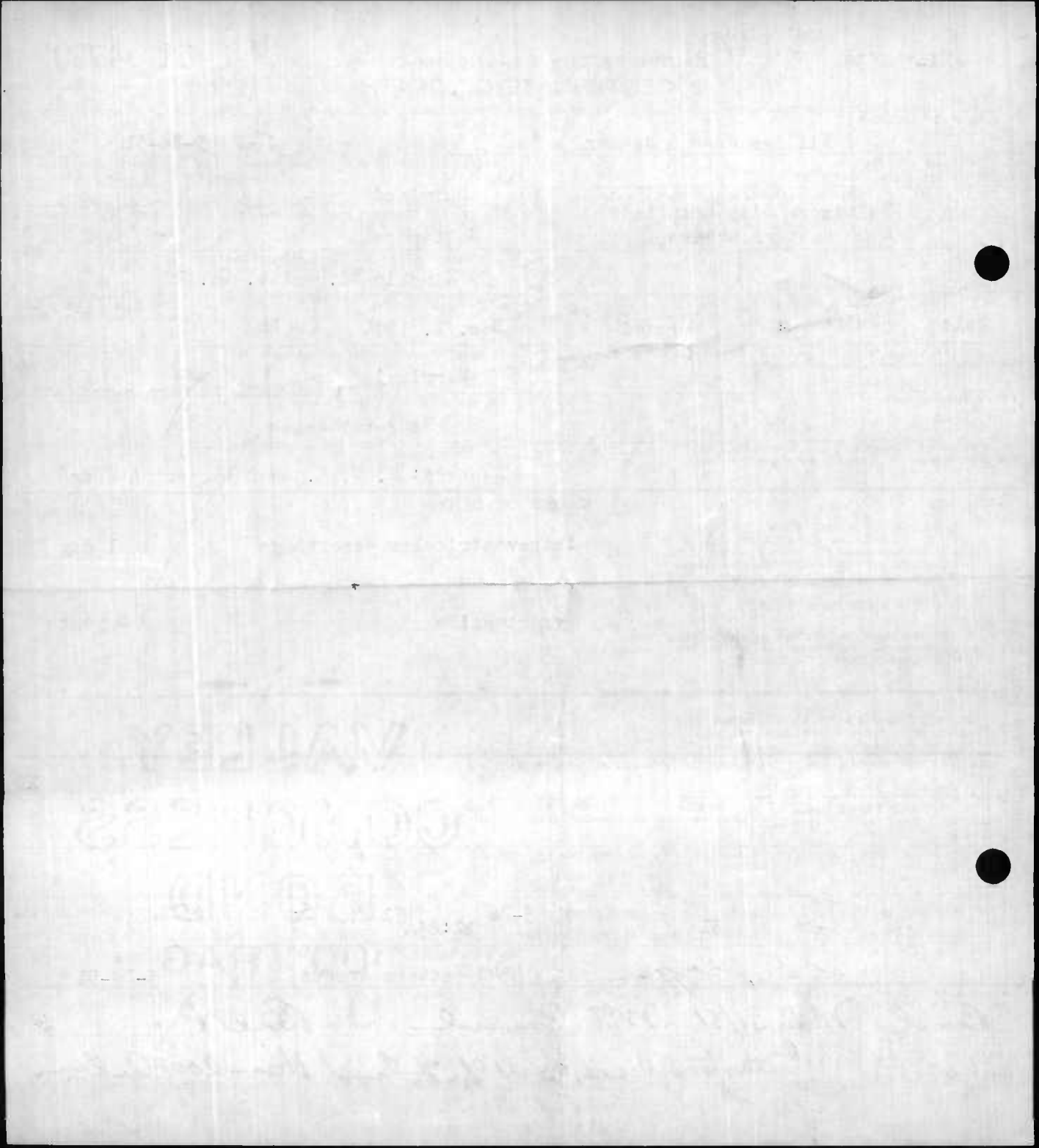
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ulrich & Son, 2008 Calver



51 4800

51 4800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Wilhelm

2. DATE
OF
DEATH

May 27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Scam

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5500 Grover Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 26 1896

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Asst Supt. Mdn

10B. KIND OF BUSINESS OR
INDUSTRY

Mfg (Pajamas)

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard C Wilhelm

14. MOTHER'S MAIDEN NAME

Louise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Florine Wilhelm 5500 Grover

18. 451X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Dissecting aneurysm

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerosis

DUE TO

(C) Cardiovascular disease

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 24, 1951, to May 27, 1951, that I last saw the
deceased alive on May 27, 1951, and that death occurred at 5:10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Lester H. Rubin

M. D.

23B. ADDRESS

Scripps Hospital

23C. DATE SIGNED

May 27, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/31/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lester H. Rubin

25. FUNERAL DIRECTOR

Lester H. Rubin

ADDRESS

2004 Cal

0000

19

MADE IN U.S.A.

0000

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

160 51 4801

51 4801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Gertrude Schaefer</i>			2. DATE OF DEATH <i>May 26 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1543 Carroll St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>9-07</i>		
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1543 Carroll St</i>		
5. SEX <i>FM</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>9</i>		9. AGE (In years last birthday) <i>86</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>John H Brandt</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Brandt</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>4221</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Arteriosclerotic Cardio-Vascular Disease</i> DUE TO (B) <i>Senility</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
---	---	----------------------------------

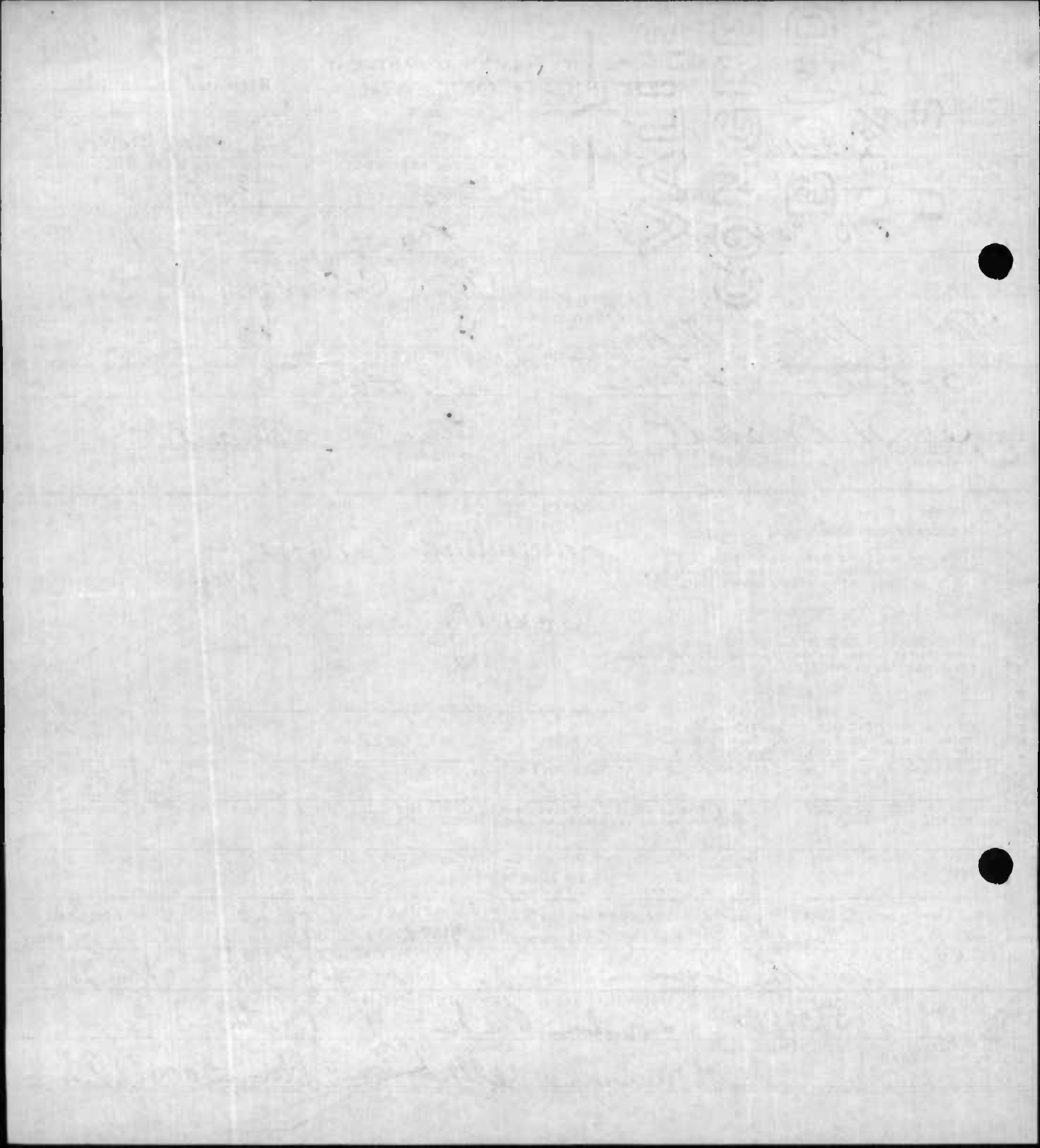
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 15, 1951*, to *May 26, 1951*, that I last saw the deceased alive on *May 25, 1951*, and that death occurred at *4:00 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Lois M. Zimmerman* M. D. 23B. ADDRESS *2858 Harford Rd* 23C. DATE SIGNED *May 28, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *5/29/51* 24C. NAME OF CEMETERY OR CREMATORY *London Park* 24D. LOCATION (City, town, or county) *Baltimore* (State)

DATE RECEIVED BY LOCAL REGISTRAR *MAY 29 1951* REGISTRAR'S SIGNATURE *Elizabeth H. Williams* 25. FUNERAL DIRECTOR *Elizabeth H. Williams* ADDRESS *2004 Calver*



125 51 4802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4802

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Samuel Dobson*2. DATE OF DEATH *May 26, 1951*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *MD* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1522 Argyle Avenue

D. STREET ADDRESS (If rural, give location)

1522 Argyle Ave

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

Aug. 2, 1904

9. AGE (In years last birthday)

46

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Porter

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Moses Dobson

14. MOTHER'S MAIDEN NAME

Frances Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Rev Spencer Dobson 1307 Edmonson*18. *002X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary Tuberculosis**4 mos*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-17*, 1951, to *5-26*, 1951, that I last saw the deceased alive on *5-26*, 1951, and that death occurred at *9:04* m., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

Franklin L. Lipp

M. D.

*1543 Remond Ave**5/28/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

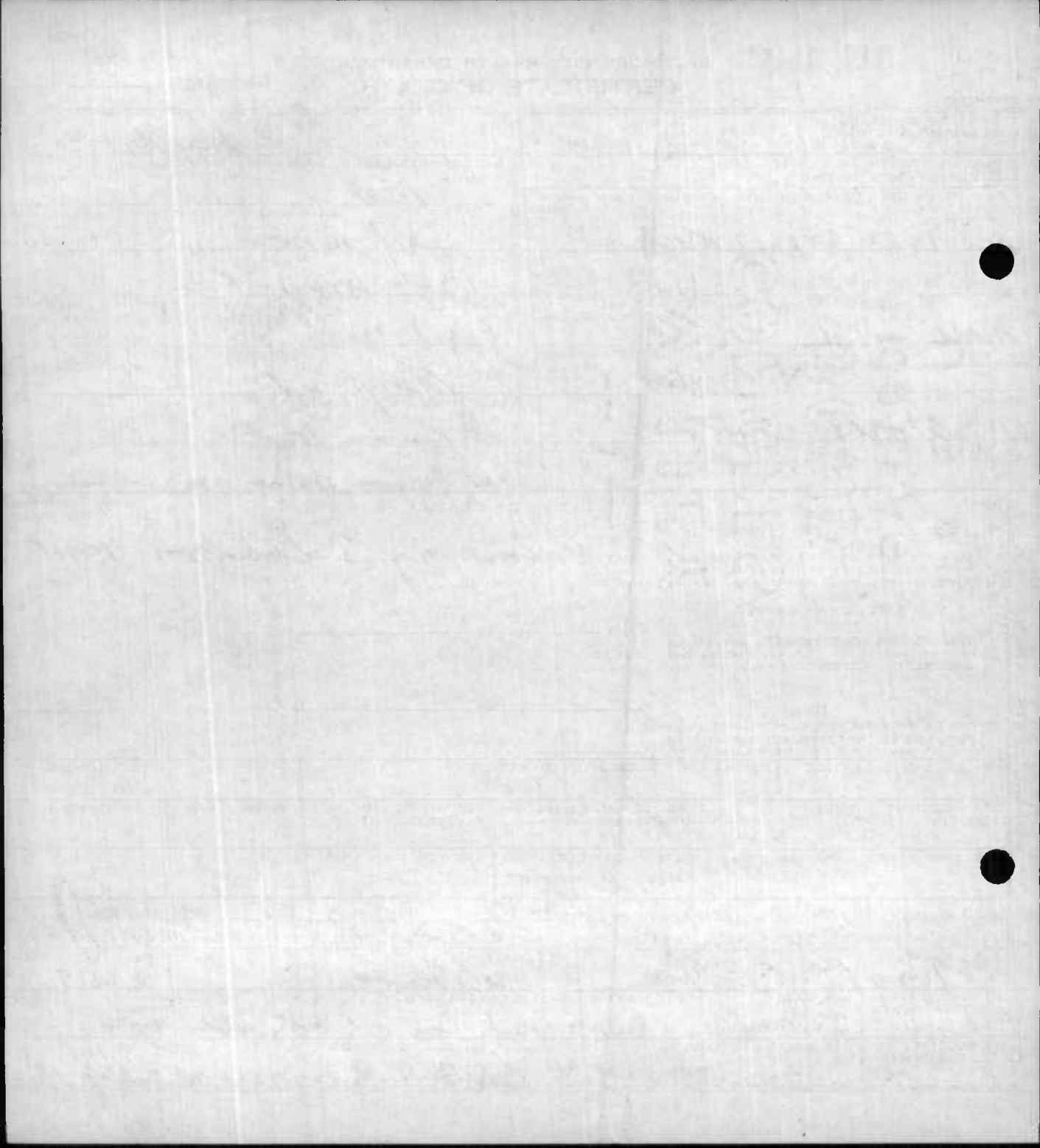
*MAY 29 1951**William Williams**Joseph E. Pura 1200 McCulloch St*

VS 150

78099

13 B

MEDICAL CERTIFICATION



315 51 4803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4803

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA E. STEVENSON

2. DATE
OF
DEATH

5-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

BAR-WIL-BA

C. Length of stay in Baltimore

25 YRS.

Yrs.
Mos.
Days5. SEX
FEMALE
FEM.6. COLOR OR RACE
C.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SINGLE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1719 W. LAFAYETTE AV.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY

RETIRED

8. DATE OF BIRTH

7-17-1886

9. AGE (In years last birthday)

64

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN STEVENSON

14. MOTHER'S MAIDEN NAME

REBECCA JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

EULALIA STEVENSON 1719 W. Lafayette

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio-vascular Disease

(B)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

INTERVAL BETWEEN
ONSET AND DEATH

6 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1950 to May 26, 1951, that I last saw the deceased alive on May 24, 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

VS 150

7208A

93D

MEDICAL CERTIFICATION

2101 end Spring Jan

410

51 4804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4804

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Henry Kolb</i>		2. DATE OF DEATH <i>5/27/57</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>12-02</i>	
c. Length of stay in Baltimore <i>76</i> Yrs. <i>None</i> Days		d. STREET ADDRESS (If rural, give location) <i>3507 N. Charles St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, <u>MARRIED</u> , WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>5/30/1974</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		9. AGE (In years last birthday) <i>76</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>
13. FATHER'S NAME <i>Adam Kolb</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Ulrig</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT ADDRESS <i>Mrs. Mary E. Kolb - 3507 N. Charles St.</i>

18. <i>332X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Alkalosis</i> DUE TO <i>Cerebral Thrombosis</i> DUE TO <i>17 days</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

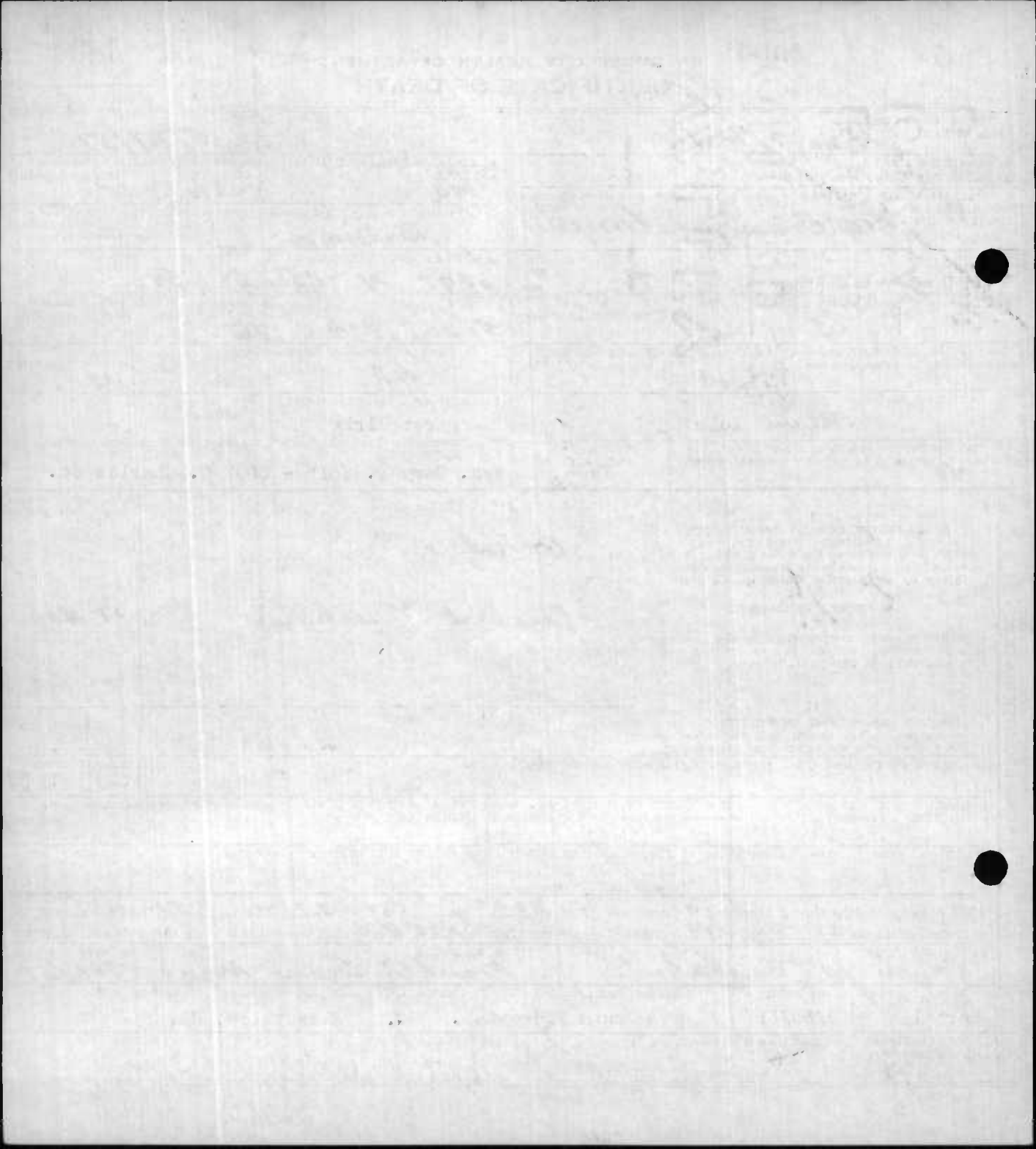
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *27 May*, 19*57*, to *27 May*, 19*57*; that I last saw the deceased alive on *27 May*, 19*57*, and that death occurred at *5:05 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Edwin W. Lankford</i>	23B. ADDRESS <i>Franklin Square Hosp</i>	23C. DATE SIGNED <i>5/27/57</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/30/57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>291357</i>	REGISTRAR'S SIGNATURE <i>Franklin Square Hospital</i>	25. FUNERAL DIRECTOR <i>Mr. J. Lickner & Son</i>	ADDRESS <i>83 B Bacht. Md.</i>
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140 51 4805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4805

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES V. GABLE

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-05

D. STREET ADDRESS (If rural, give location)

4901 Cherry St. & Pennington Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 14, 1895

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Iron Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Chemical Co.

11. BIRTHPLACE (State or foreign country)

-

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Gable

14. MOTHER'S MAIDEN NAME

Mary Jane Maconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Nell May Gable - 4901 Pennington Ave.
Cherry St. &

18. 4321 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
May 28, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/30/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

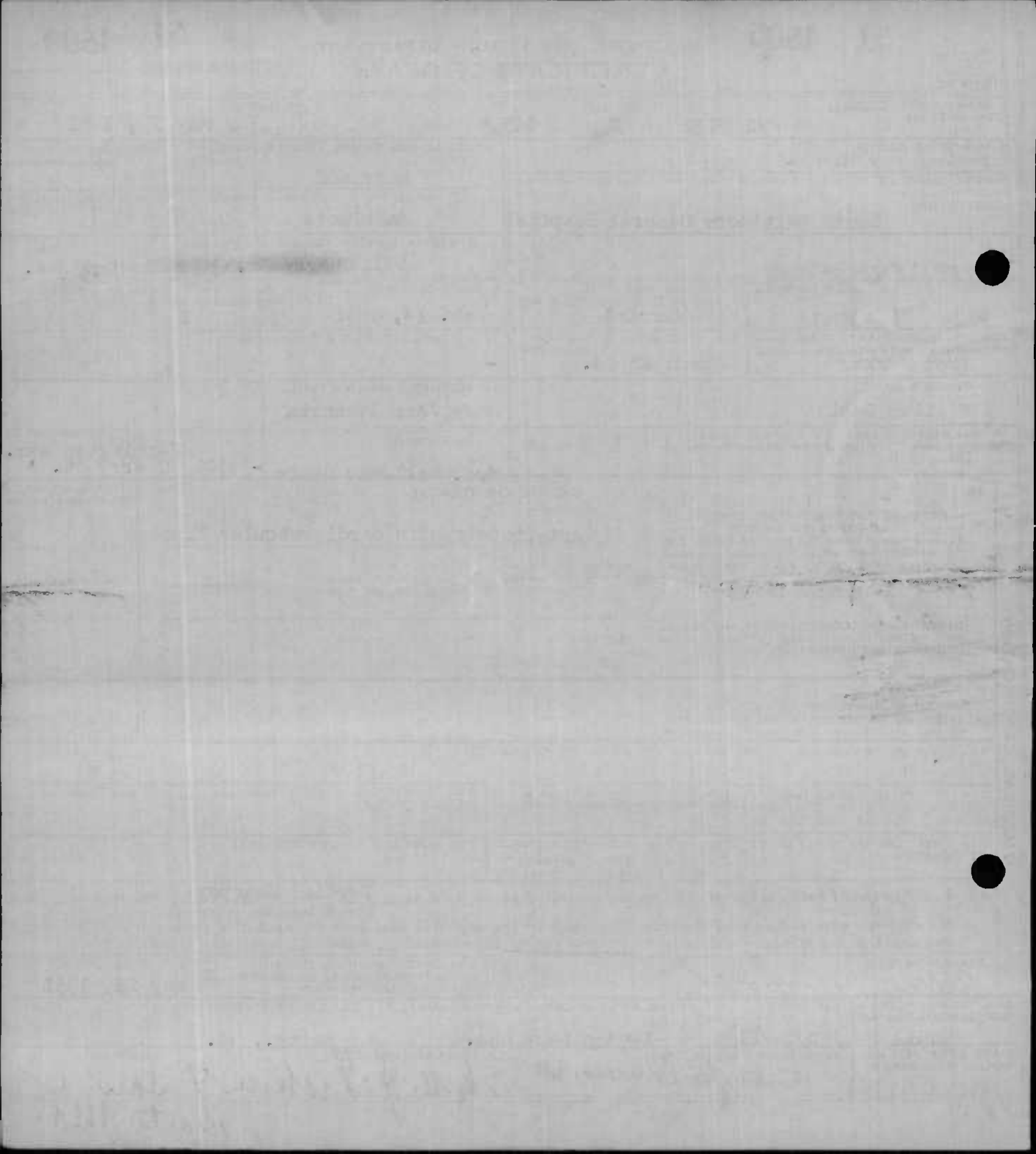
ADDRESS

MAY 29 1951

VS 151

690 4R

937 Balto, Md.



360 51 4806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4806

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VIRGINIA STARR

2. DATE
OF
DEATH

5/28/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

CHURCH HOME

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Church Home

6-05

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

FEB 8 1867

9. AGE (In years

last birthday)

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary R. Rider 801 E. 33rd St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive VD - enlarged heart - grade III decup

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerotic heart disease - amiable fibrillation

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Fracture of femur (old)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to May 28, 1957, that I last saw the deceased alive on May 24, 1957, and that death occurred at 4:00 PM, from the causes and on the date stated above.

23A. SIGNATURE

Emad W. Mintz

M. D.

23B. ADDRESS

500 96 EVERGREEN

23C. DATE SIGNED

5/28/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5 - 30 - 51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 29 1957

Emad W. Mintz

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

John O. Mitchell

937

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of church		22. Signature of school		23. Signature of business		24. Signature of government	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

200 51 4807

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4807

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eugenia Basye

2. DATE
OF
DEATH

May 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Caton & Wilkens Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

15-06

D. STREET ADDRESS (If rural, give location)

3306 Walbrook Ave.

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 1, 1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

(Baltimore)

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Fred F. Basye

14. MOTHER'S MAIDEN NAME

Emma Missildine- Dard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Reade W. Corr 111 Water St., Chestertown
Md.

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CORONARY Sclerosis

DUE TO

(C)

BILATERAL HYDROTHORAX

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

GALL BLADDER LITHIASIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 5/15, 1951, to 5/27, 1951, that I last saw the
deceased alive on 5/27, 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

5/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5 - 29 - 51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

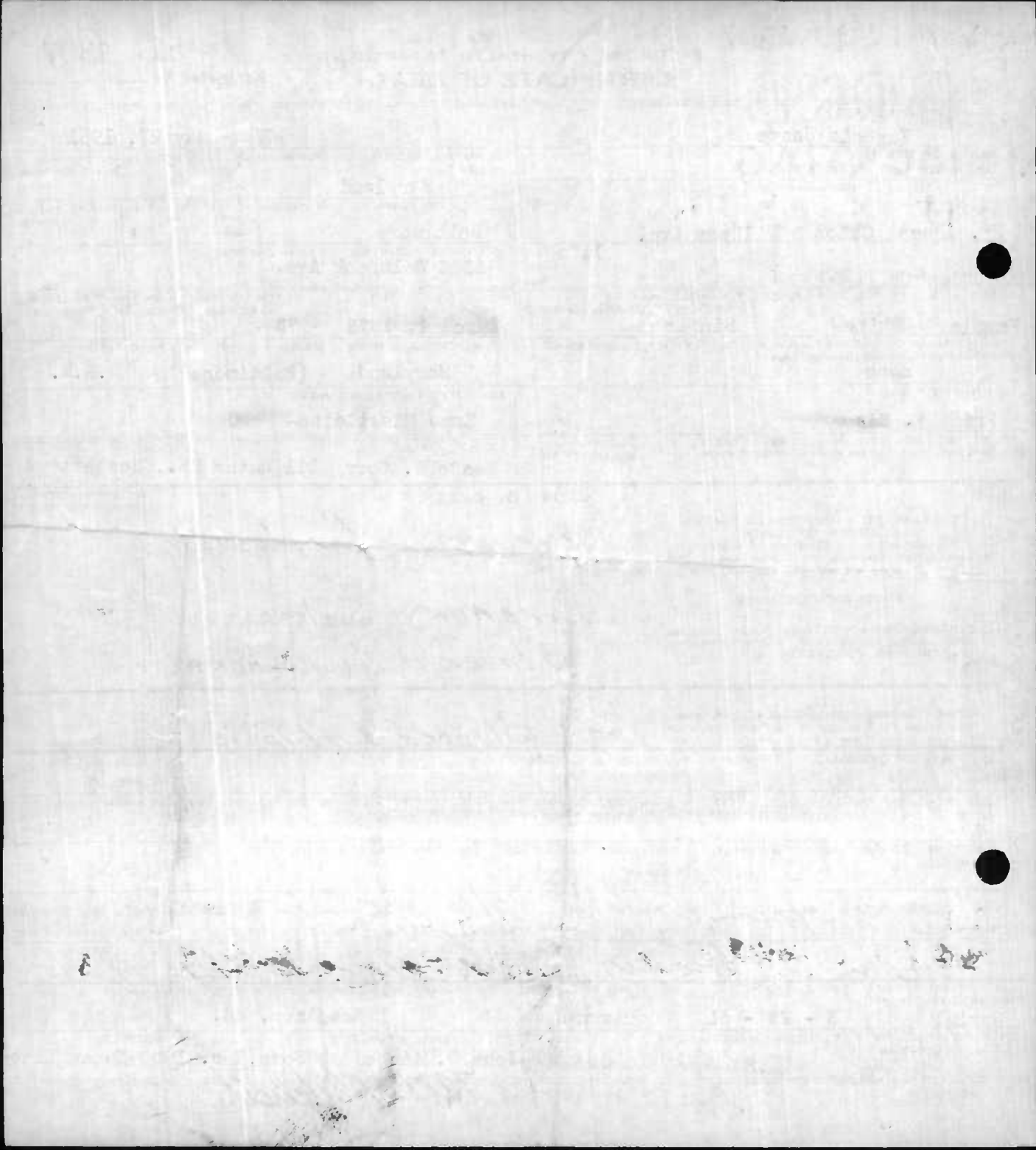
25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

Huntington Williams, M.D.

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place



625 51 4808

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4808

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES DUDLEY EARECKSON

2. DATE
OF
DEATH

May 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

US Marine Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

11-04

D. STREET ADDRESS (If rural, give location)

1123 N. Eutaw Street

(Cecil Apts.)

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/24/28

9. AGE (in years
last birthday)

23

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Leif Eareckson

14. MOTHER'S MAIDEN NAME

Ethel Dudley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

YES

(If yes, give war or dates of service)

WW2- USMC

16. SOCIAL
SECURITY NO.
220-20-3833

17. INFORMANT

ADDRESS

Records-US Marine Hospital, Balto, Md.

18.

204.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aleukemic leukemia

DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Mar. 6, 1951, to May 27, 1951, that I last saw the
deceased alive on May 27, 1951, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE John L. Wilson, Medical Director M. D.

23B. ADDRESS US Marine Hospital, Balto, Md.

23C. DATE SIGNED 5/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5 - 30 - 51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

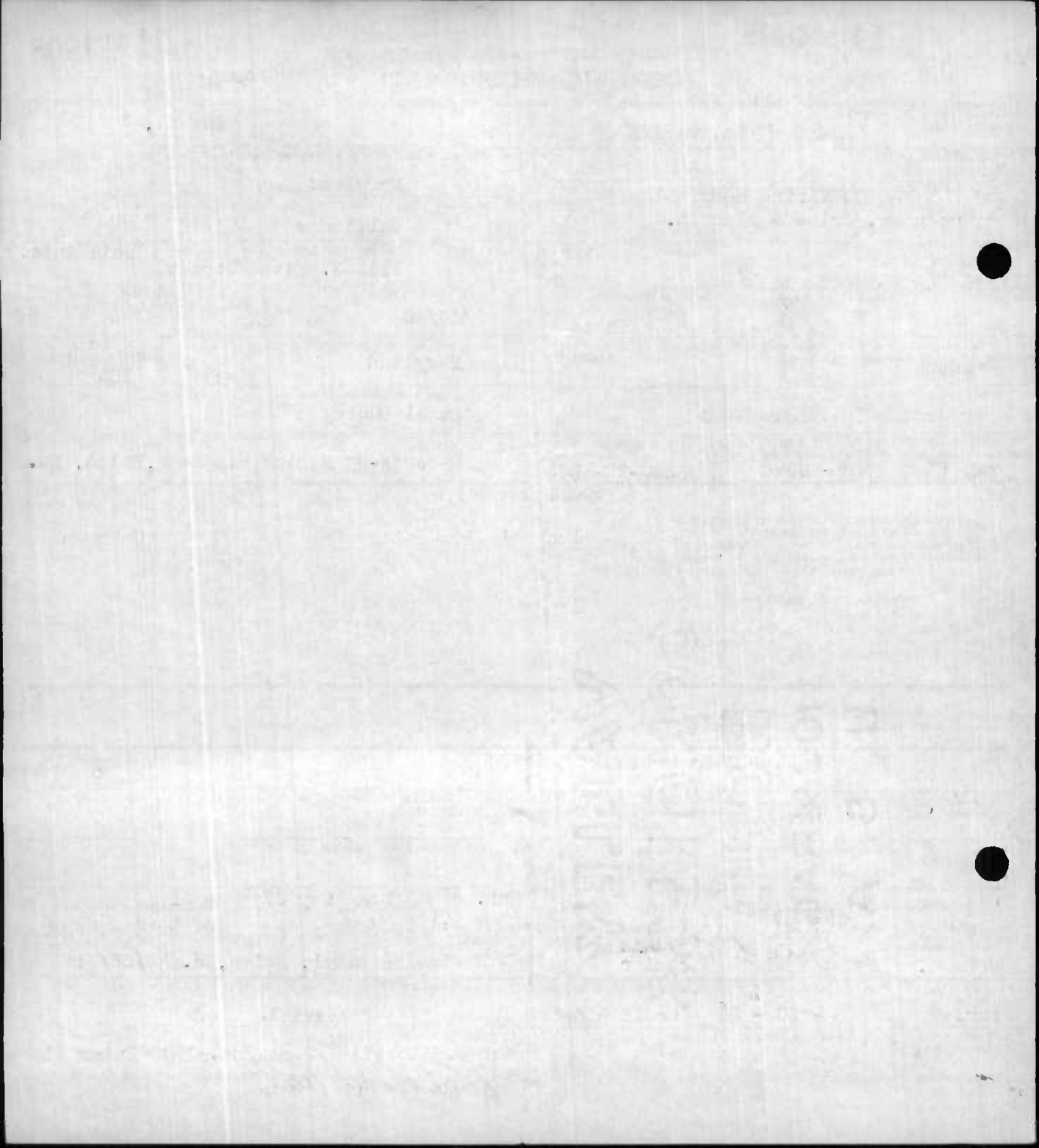
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Place



451 51 4809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4809
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Palmbaum

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

3516 Springdale Ave.

C. CITY OR TOWN

Baltimore Maryland 27-20

D. STREET ADDRESS (If rural, give location)

7020 Park Heights Ave.

c. Length of stay in Baltimore

30 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 24, 1871

9. AGE (in years
last birthday)

80

If Under 1 Year
Months Days

1

4

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Neistadt, Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Paul Palmbaum

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Paul Palmbaum 3400 Old Court Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Embolus. assoc
to acute coronary thrombosis

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chr. coronary art disease
arterio-sclerosis.

yrs

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from April 19, 1951 to May 28, 1951, that I last saw the
deceased alive on May 27, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. Bernard Cohen M.D.

Marebrough apt

5-29-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 29, 1951

Baltimore Hebrew Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

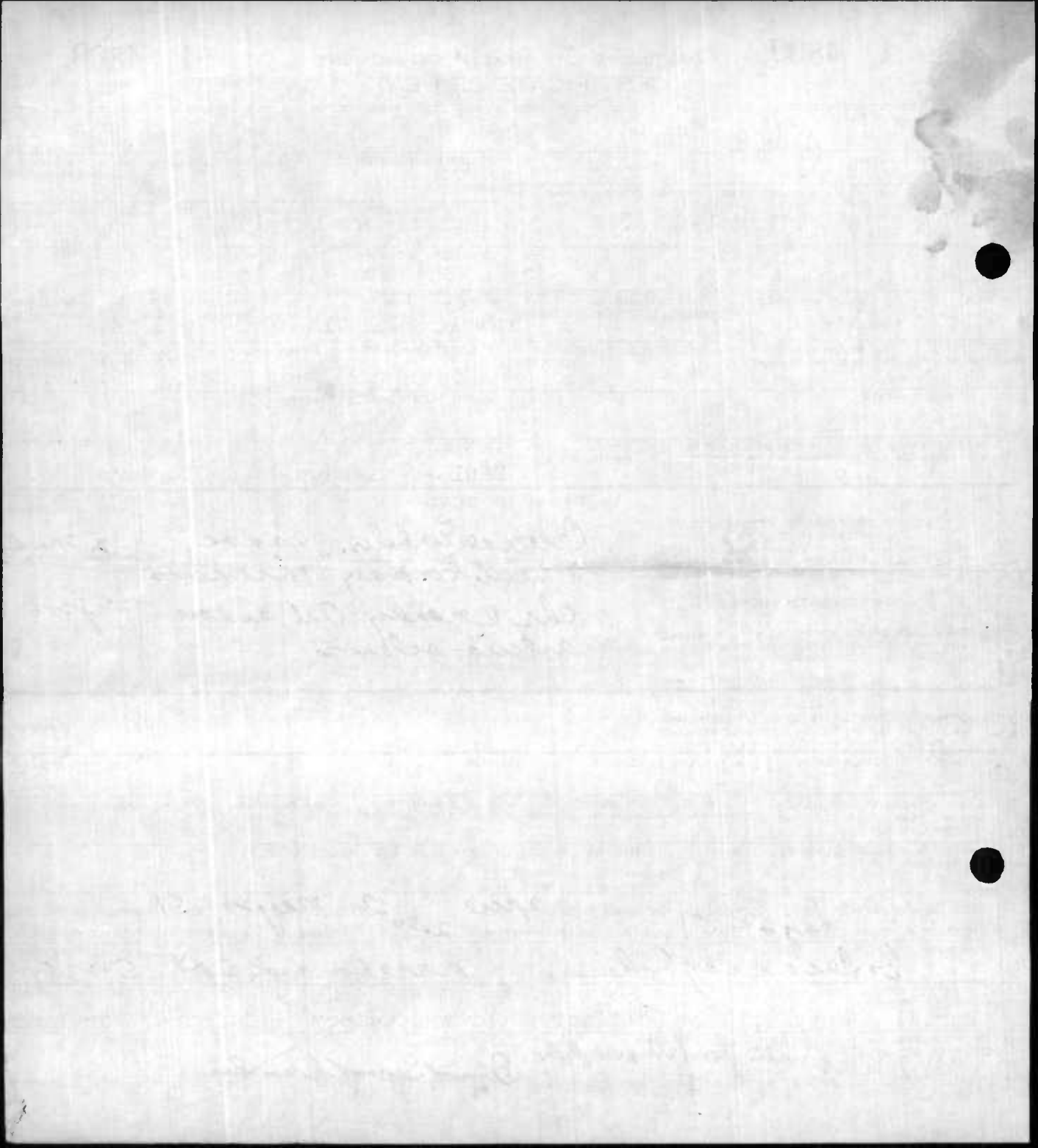
25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

David S. Spence

1902 Eutaw Place



51 4810

51 4810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Harry

Dixon 55-8712

2. DATE
OF
DEATH

MAY 28 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-01.

D. STREET ADDRESS (If rural, give location)

1711 N. Mount St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

male Colored

married

8. DATE OF BIRTH

6-10-73

9. AGE (In years
last birthday)

77

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Waiter

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

W.S.A.

13. FATHER'S NAME

Daniel Dixon

14. MOTHER'S MAIDEN NAME

Mary Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 150X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of
Esophagus

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Esophagus

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21-1951, to 5-28-1951, that I last saw the
deceased alive on 5-28-1951, and that death occurred at _____ m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/31/51

Arbutus

Arbutus, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

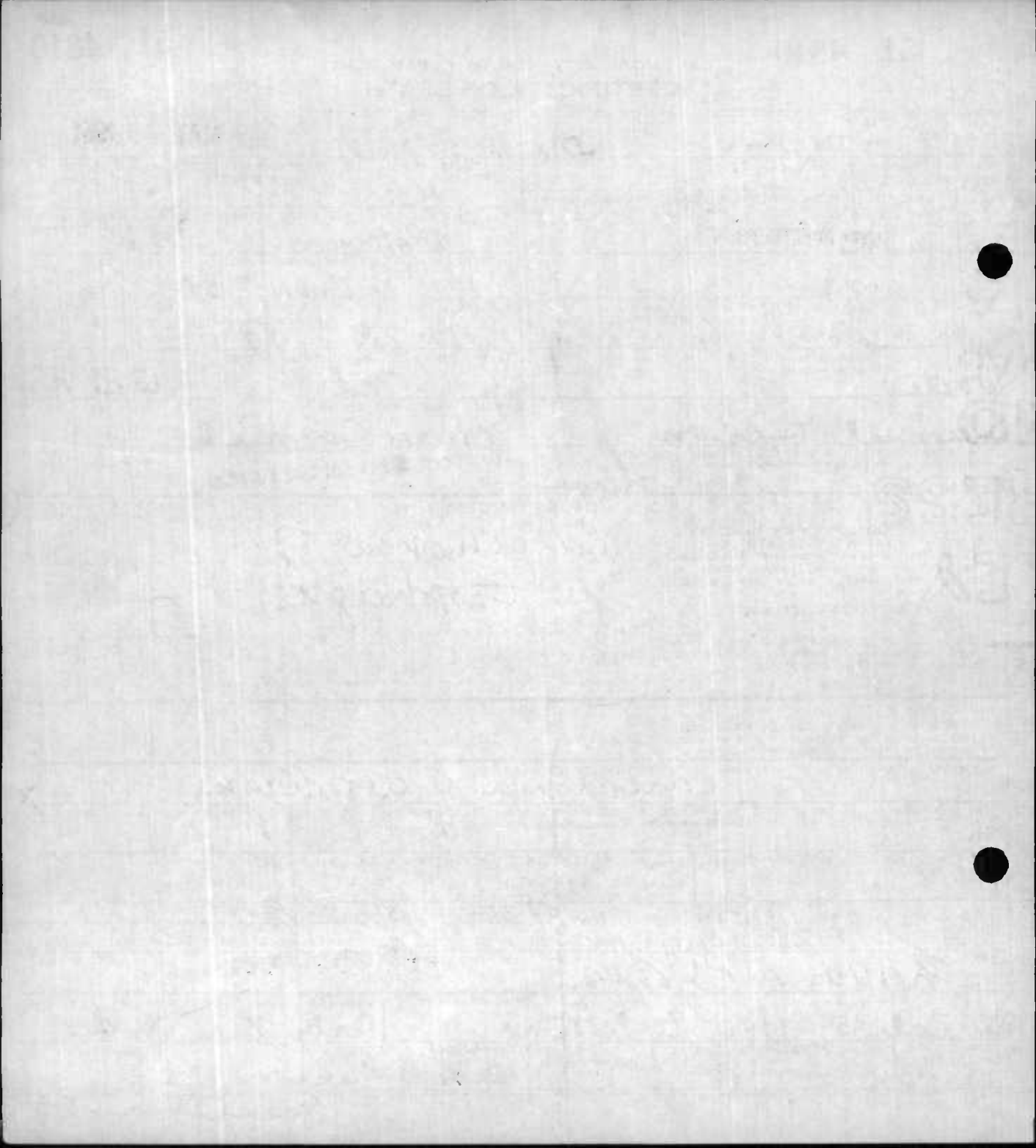
ADDRESS

MAY 29 1951

Heal & Nelson 1303

46a Presstman St

MEDICAL CERTIFICATION



140
51 4811BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4811
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret E. Schoyfele

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital (DOA)

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Oct - 1872

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home Wife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

See Schick 2619 Ailsa Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

12 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio-
Vascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Wm. H. Hammer, Jr.

23b. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☒

23c. DATE SIGNED

May 28, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

5/31/51

24c. NAME OF CEMETERY OR CREMATORY

Baltimore

24d. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 29 1951

25. FUNERAL DIRECTOR

ADDRESS

Blair Hoffman 1639 Broadway

VS 151

935

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
INVESTIGATION OF DEATH

NAME OF DECEASED

7

520

51 4812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4812
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE BENESCH

2. DATE
OF
DEATH

5-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3440 Virginia Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-16

D. STREET ADDRESS (If rural, give location)

3440 Virginia Ave

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

married

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isidore

14. MOTHER'S MAIDEN NAME

Munya

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Albert Benesch - Same

18. 163X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Lung

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1950, to May 29, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 12:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Levin

M. D.

23B. ADDRESS

4818 Reisterstown Road

23C. DATE SIGNED

5/29/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
DATE RECEIVED BY
LOCAL REGISTRAR5-29-51
REGISTRAR'S SIGNATURE

Mt Carmel

Baltimore Md

25. FUNERAL DIRECTOR

ADDRESS

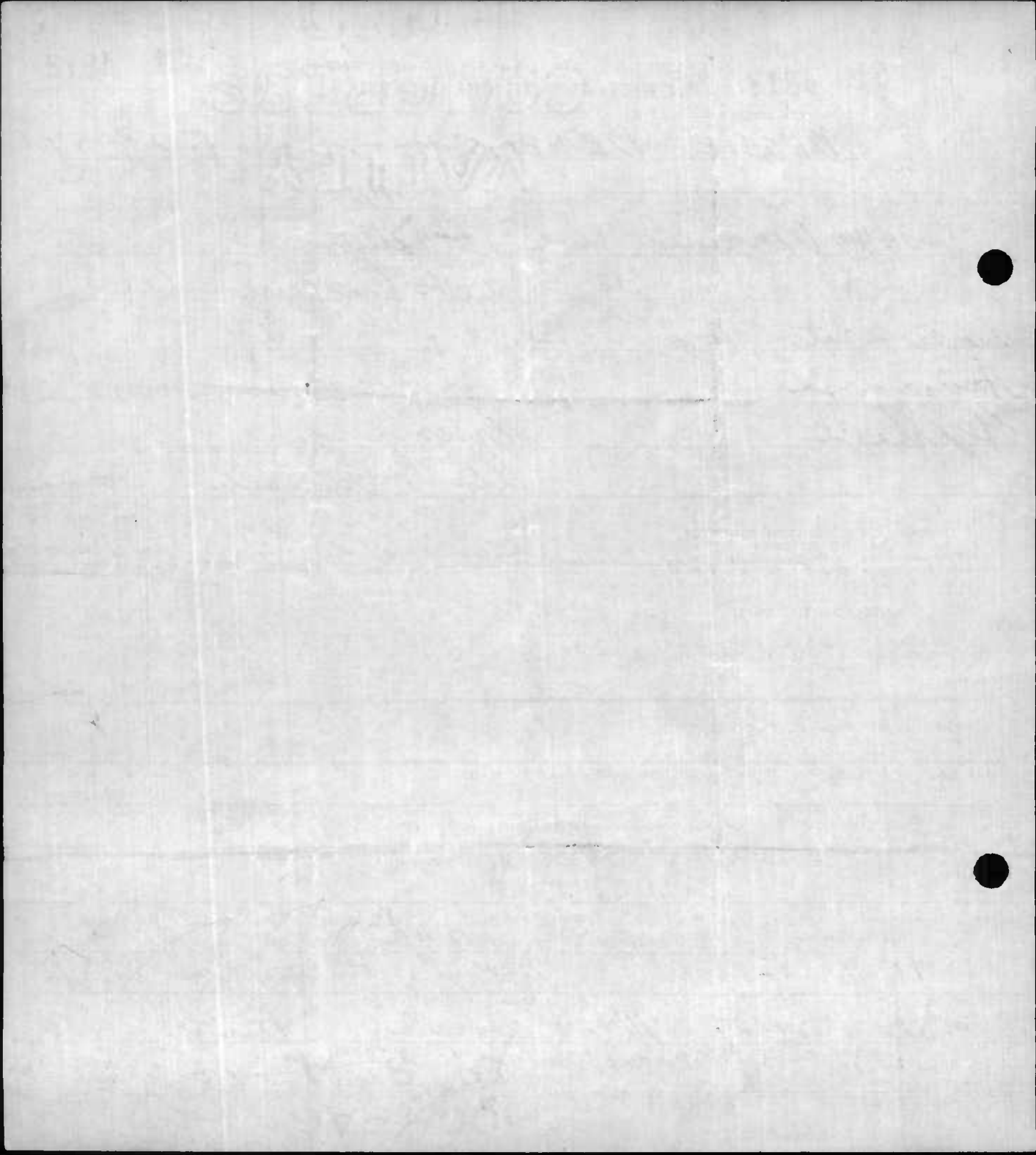
Jack Levin 2100 Cutler Pl

MAY 29 1951

VS 150

47D

MEDICAL CERTIFICATION



145 51 4813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4813
Registered No.

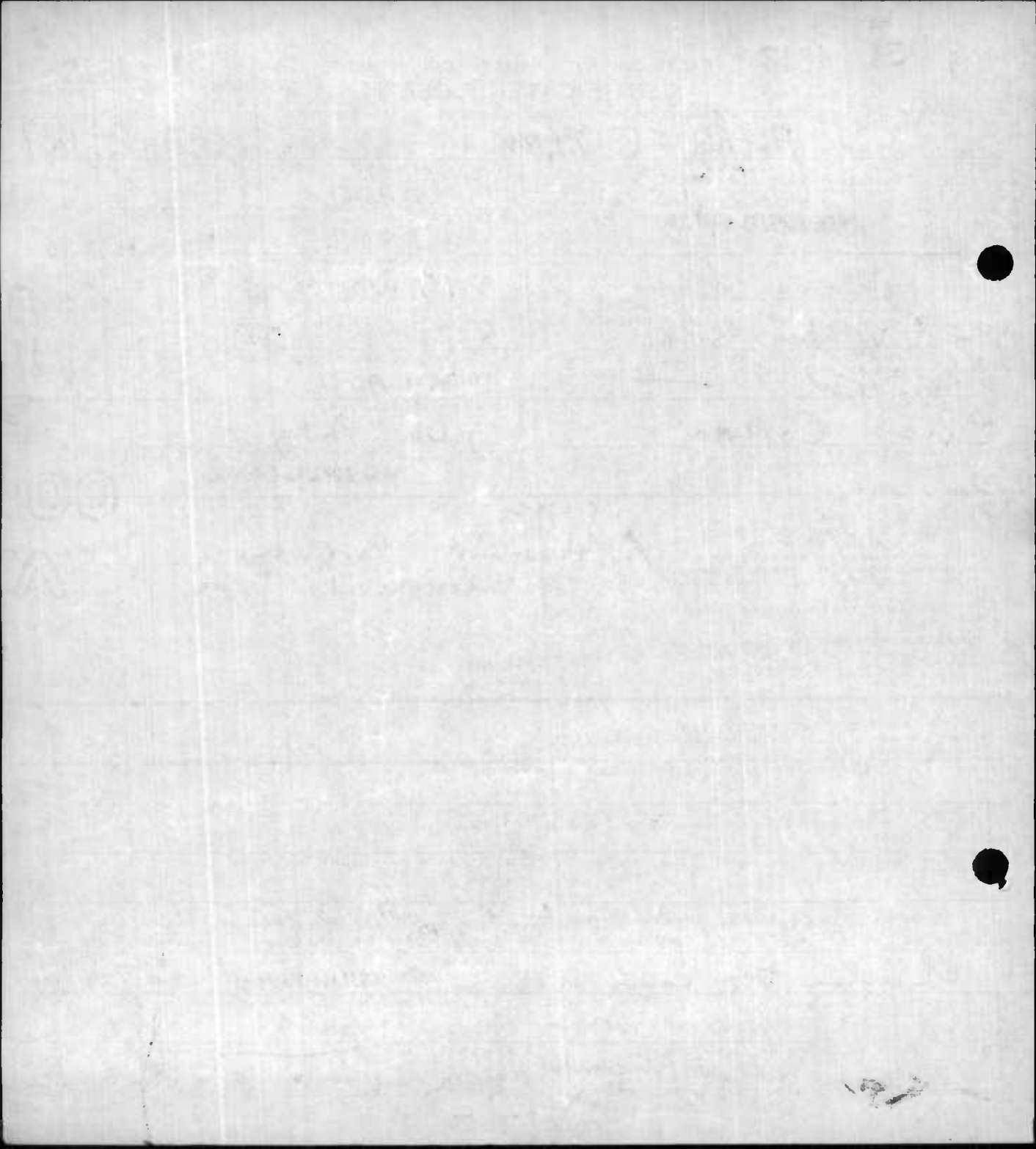
1. NAME OF DECEASED (Type or Print) ALFRED COPLAN		2. DATE OF DEATH MAY 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland May-3		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHN HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-02	
5. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 847 WhiteLock St.	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8-22-98
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10B. KIND OF BUSINESS OR INDUSTRY NECKWEAR	9. AGE (In years last birthday) 52
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Coplan		14. MOTHER'S MAIDEN NAME Zelda Patz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHN HOPKINS HOSPITAL		ADDRESS	

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Abdominal Carcinoma DUE TO of Undesignated Type	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH ? 4 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 5-29-51	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4-1951 to 5-29-1951 , that I last saw the deceased alive on 5-29-1951 , and that death occurred at 4:45 a.m., from the causes and on the date stated above.			
23A. SIGNATURE Charles M. Smith M. D.		23B. ADDRESS JOHN HOPKINS HOSPITAL	23C. DATE SIGNED 5/29/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/29/1951	24C. NAME OF CEMETERY OR CREMATORY Herring Run	24D. LOCATION (City, town, or county) (State) Balts. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1951	REGISTRAR'S SIGNATURE Wilmington Williams	25. FUNERAL DIRECTOR John S. Smith	ADDRESS 2100 Blunt Pl

MEDICAL CERTIFICATION



51 4814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4814
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Edward Waters

2. DATE
OF
DEATH

May 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

7-05

D. STREET ADDRESS (If rural, give location)

1512 Jefferson Street

Length of stay in Baltimore

30 Yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/19/1885

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Rogers 1512 Jefferson St

18. 420-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Pannier, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 26, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/31/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Curtis H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Eugene D. Wilson 1000 Brantly Ave

VS 151

97099

942 ✓

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of hospice	
19. Signature of other institution		20. Signature of other place		21. Signature of other person	
22. Signature of other person		23. Signature of other person		24. Signature of other person	
25. Signature of other person		26. Signature of other person		27. Signature of other person	
28. Signature of other person		29. Signature of other person		30. Signature of other person	
31. Signature of other person		32. Signature of other person		33. Signature of other person	
34. Signature of other person		35. Signature of other person		36. Signature of other person	
37. Signature of other person		38. Signature of other person		39. Signature of other person	
40. Signature of other person		41. Signature of other person		42. Signature of other person	
43. Signature of other person		44. Signature of other person		45. Signature of other person	
46. Signature of other person		47. Signature of other person		48. Signature of other person	
49. Signature of other person		50. Signature of other person		51. Signature of other person	
52. Signature of other person		53. Signature of other person		54. Signature of other person	
55. Signature of other person		56. Signature of other person		57. Signature of other person	
58. Signature of other person		59. Signature of other person		60. Signature of other person	
61. Signature of other person		62. Signature of other person		63. Signature of other person	
64. Signature of other person		65. Signature of other person		66. Signature of other person	
67. Signature of other person		68. Signature of other person		69. Signature of other person	
70. Signature of other person		71. Signature of other person		72. Signature of other person	
73. Signature of other person		74. Signature of other person		75. Signature of other person	
76. Signature of other person		77. Signature of other person		78. Signature of other person	
79. Signature of other person		80. Signature of other person		81. Signature of other person	
82. Signature of other person		83. Signature of other person		84. Signature of other person	
85. Signature of other person		86. Signature of other person		87. Signature of other person	
88. Signature of other person		89. Signature of other person		90. Signature of other person	
91. Signature of other person		92. Signature of other person		93. Signature of other person	
94. Signature of other person		95. Signature of other person		96. Signature of other person	
97. Signature of other person		98. Signature of other person		99. Signature of other person	
100. Signature of other person		101. Signature of other person		102. Signature of other person	

615 51 4815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4815

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM SCRIBNER

2. DATE
OF
DEATH

MAY 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

South Baltimore Gen. Hospital

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

COL

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

903 Sharp Street

8. DATE OF BIRTH

8/25/1900

9. AGE (in years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Furniture Store

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Scribner

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Isla Scribner 903 Sharp St

18.

199.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

Carcinoma, intra-abdominal metastases

DUE TO

compressing on sigmoid colon

(B)

Partial intestinal obstruction 3 weeks

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diarrhea, undetermined etiology 3 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1951, to May 26, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin C. Macgregor M. D.

23B. ADDRESS

1213 Light St. Balto

23C. DATE SIGNED

5-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

Wilmington Williams, Md

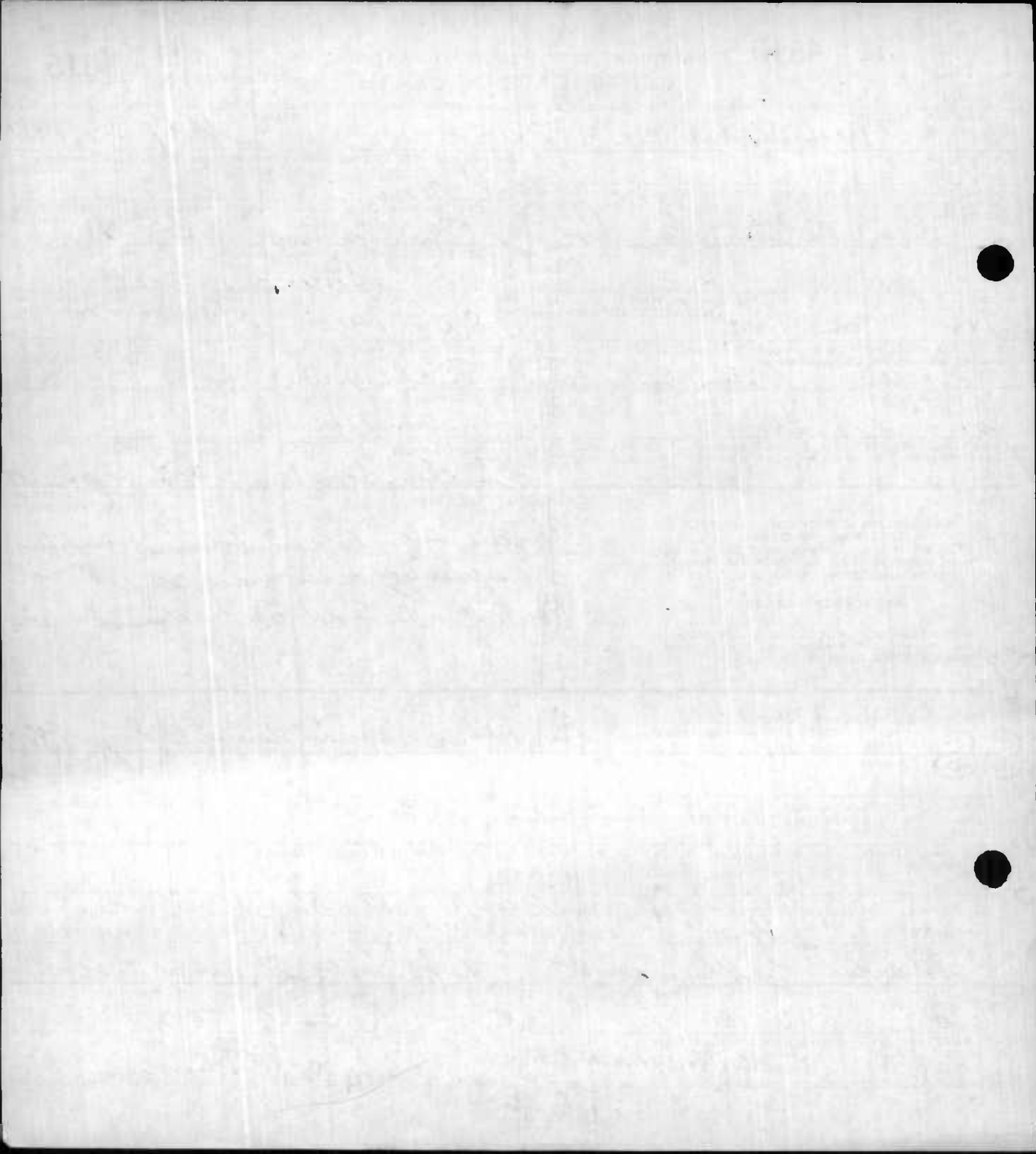
J. L. Boring 10820 Montgomery St

VS 150

7806G

55E

MEDICAL CERTIFICATION



51 4816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4816

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter W Williams

2. DATE
OF
DEATH

May 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2415 E. Hoffman St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday) If Under 1 Year Months; Days If Under 24 Hours Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Squamous cell carcinoma of right lower lobe bronchus (lung)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1951, to 5-27, 1951, that I last saw the deceased alive on 5-27, 1951, and that death occurred at 4:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Victor A. Metkusick M. D.

JOHNS HOPKINS HOSPITAL

5/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

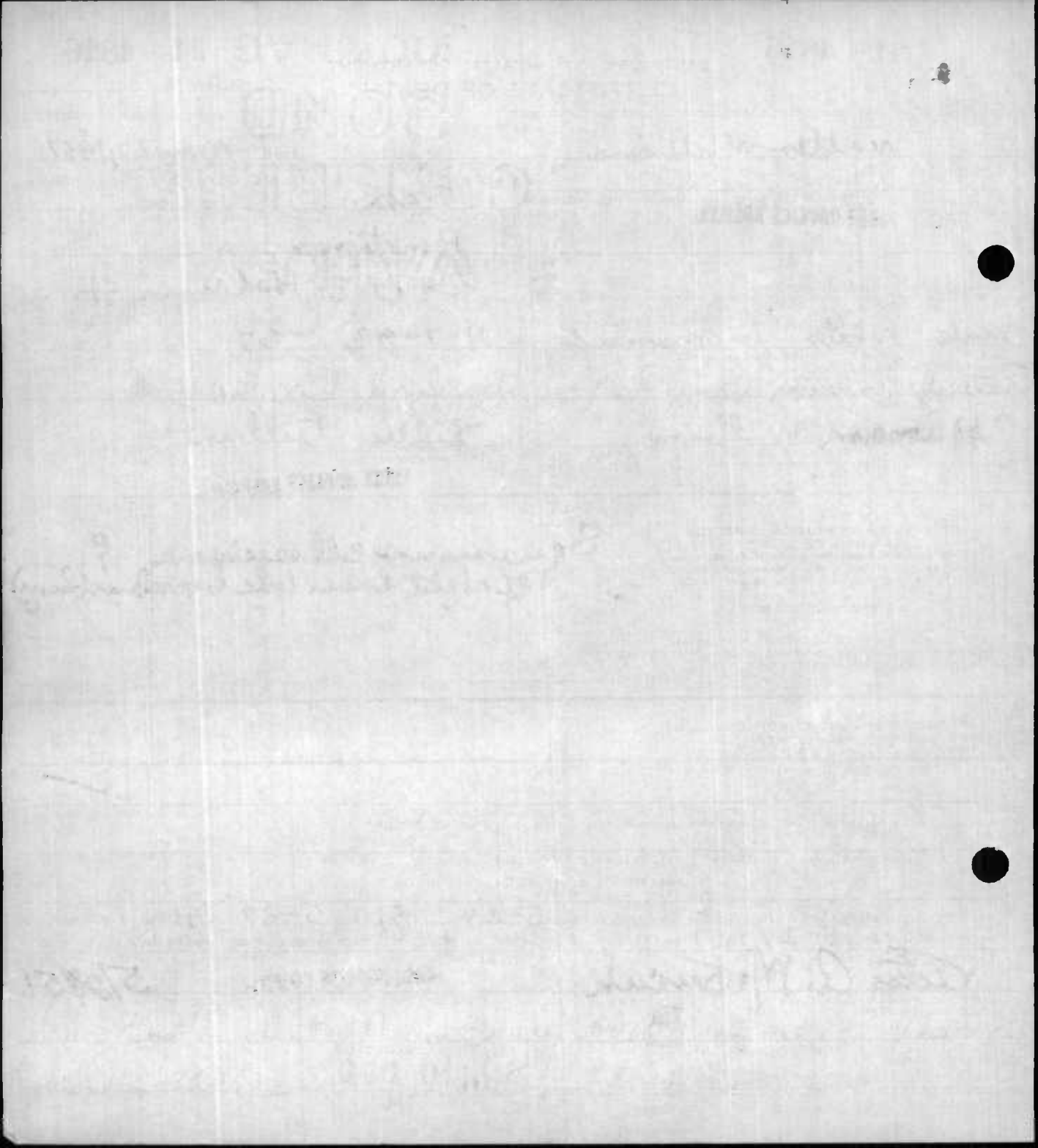
25A. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

Baltimore Cem North Ave - Balto Md

John P. Miller 2455 E. Olney St



51 4817

51 4817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

6519 Rosemont Ave

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired China Packing H.K. Co.

10B. KIND OF BUSINESS OR INDUSTRY

DEPT. STORE

13. FATHER'S NAME

Aguilla Christopher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6519 Rosemont Avenue

8. DATE OF BIRTH

Oct. 15 1877

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah

17. INFORMANT

Mrs. Helen R. Schweiger

ADDRESS 6519

Rosemont

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

8 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Diabetes Mellitus
Generalized atherosclerosisyear -
11

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947 to May 26, 1951, that I last saw the deceased alive on 5-23, 1951, and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William P. Jeaning

M. D.

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

5-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William P. Jeaning

25. FUNERAL DIRECTOR

L. J. Burk 5305 Harford Rd.

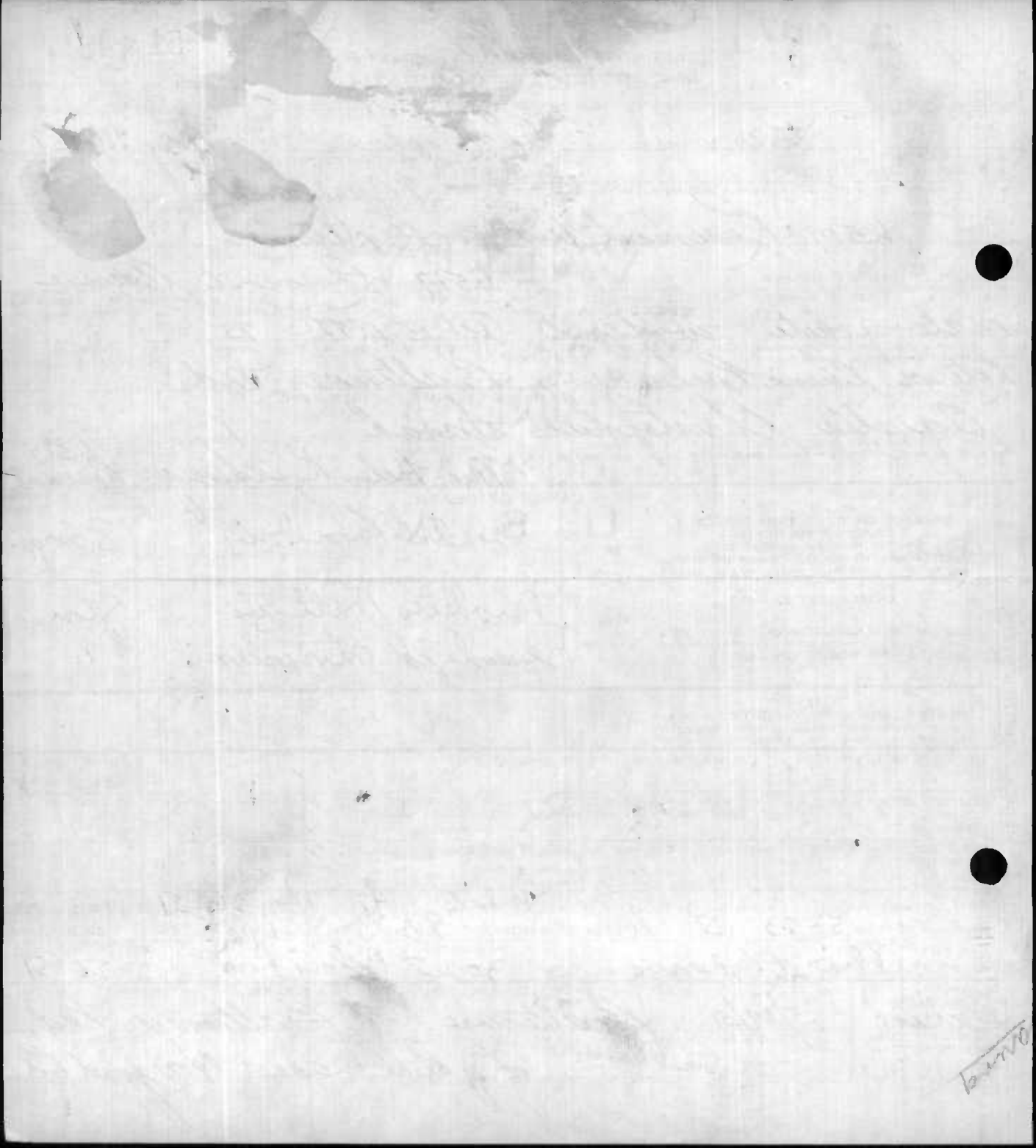
ADDRESS

VS 150

690 6C

61

MEDICAL CERTIFICATION



6-10

51 4818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4818

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur F. Kalle Sr.

2. DATE
OF
DEATH

May 28-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

00

920 E. Chase St.

Baltimore 10-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

920 East Chase Street

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 29-1901

9. AGE (In years last birthday)

49

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Draft design

10B. KIND OF BUSINESS OR INDUSTRY

Glenn L. Martin AIRPLANES (M)

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Emil Kalle

14. MOTHER'S MAIDEN NAME

Anna Helfusch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

212-07-7085

17. INFORMANT

ADDRESS

Mrs. Anna G. Kalle-920 E. Chase St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1951, to 5/28, 1951, that I last saw the deceased alive on 5/21, 1951, and that death occurred at 7 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Blum M.D.

23B. ADDRESS

1115 h. Calver St.

23C. DATE SIGNED

5/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/1/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

1000

J. Blum

5315 Maryland G

MEDICAL CERTIFICATION

ly supplied. The

Dr. Blum.
1300 N. Calvert

4557
51 4819BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4819
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Kollmann		2. DATE OF DEATH May 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 626 Mc Cabe Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10	
D. STREET ADDRESS (If rural, give location) 626 Mc Cabe Avenue		E. LENGTH OF stay in Baltimore Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 28-1884
9. AGE (In years last birthday) 66		10. AGE (In years last birthday) 66	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Kollmann		14. MOTHER'S MAIDEN NAME Anna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-03-3529	
17. INFORMANT Mrs. Rose Kollmann		ADDRESS 626 Mc Cabe	

18. 332X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Thrombosis, Right 2 wks			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Cerebral Thrombosis, old, left 2 yrs.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 1949 to May 27, 1951 , that I last saw the deceased alive on May 25, 1951 , and that death occurred at 5 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. H. Kammner		23B. ADDRESS 501 Shandon Ave.		23C. DATE SIGNED May 28, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/30/51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Bald. Md		24E. LOCAL REGISTRAR Wm. H. Kammner		24F. REGISTRAR'S SIGNATURE Wm. H. Kammner	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1951		24H. FUNERAL DIRECTOR L. J. Luck		24I. ADDRESS 5305 Harford Rd	
VS 150 51024 8312					

Dr. Kamma.
501 S. Hudson

620 51 4820

51 4820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Edward Brooks

2. DATE
OF
DEATH

5-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1322 Asquith Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 9-09

Length of stay in Baltimore

18

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1322 Asquith Street

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-2-1922

9. AGE (In years
last birthday)

28

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer, American Sugar Refining Co.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Shady Side Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Brooks

14. MOTHER'S MAIDEN NAME

Lazell Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-12-4463

17. INFORMANT

ADDRESS

Lazell Brooks Shady Side Md.

CAUSE OF DEATH

18. 002X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1951, to 5-26, 1951; that I last saw the
deceased alive on 5-26, 1951, and that death occurred at 8:15 m., from the causes and on the date stated above.

23A. SIGNATURE

George R. Adams M.D.

23B. ADDRESS

2327 W. North Ave.

23C. DATE SIGNED

5-29-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5-30-51

Deale Cemetery

Shady Side A. A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

Huntington Williams, M.D.

Rudolph J. Collick 1532 E. Biddle St.

CERTIFICATE OF DEATH

STATE OF NEW YORK

19



262 51 4821

51 4821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 51-12118

1. NAME OF DECEASED
(Type or Print)

BABY BOY BUORK

2. DATE
OF
DEATH

29 MAY 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD

7-05

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE #12

D. STREET ADDRESS (If rural, give location)

513 CASTLE ST.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

29 MAY

9. AGE (in years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min.

1 40

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN LEWIS BUORK

14. MOTHER'S MAIDEN NAME

RUTH GRAVES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MOTHER 513 CASTLE ST. BALT

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) PREMATUREITY

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 MAY, 1951, to 29 MAY, 1951, that I last saw the deceased alive on 29 MAY, 1951, and that death occurred at 9:55 AM from the causes and on the date stated above.

23A. SIGNATURE

Robert D. Cox

M. D.

23B. ADDRESS

Union Memorial Hospital May 29, 1951

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

John Lewis Brown
White House
St. Charles St.
Baltimore Md

THE MATURITY

VALLEY
COLUMBIA
BOLD
BIRMINGHAM

51 4822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4822

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE LAMBERD GENNARY

2. DATE
OF
DEATH

MAY 29, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

513 TUNBRIDGE RD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write RURAL and give township)

27-48

D. STREET ADDRESS (If rural, give location)

513 TUNBRIDGE RD.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT. 14, 1868

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

HOUSEWIFE

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ISAC SAMUEL

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

MRS. BESSIE L. PRICE

SAME

18. 337X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) cerebral thrombosis. rt side paralysis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) infarction & fragility of cerebral
blood vessels.

(C) moderate hypertension -

INTERVAL BETWEEN
ONSET AND DEATH

5 weeks

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1951, to 5/28, 1951, that I last saw the
deceased alive on 5/28, 1951, and that death occurred at 1 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

5-31-1951

DRUID RIDGE

PIKESVILLE

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

H. W. JENKINS & SONS Co. 4905 York Rd.

DR. H. McCARTY
37 W. PRESTON

51 4823

51 4823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNARD A. OSTENDORF SR.

2. DATE
OF
DEATH

5-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Community Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 17, 1887

9. AGE (In years)

63 (63 yrs)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore City Fire Department

11. PLACE OF BIRTH (State or foreign country)

Md. Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bernard Ostendorf

14. MOTHER'S MAIDEN NAME

Elizabeth Helling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

(P)

17. INFORMANT

Mrs. Ella M. Ostendorf (wife) Same

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis with
infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Cancer of stomach with
metastasis to liver

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 1951, to 5/28, 1951, that I last saw the
deceased alive on 5-28, 1951, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Virginia Huffer M.D.

Community Hospital

5-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 31, 1951

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

C. L. Evans

VS 150

762 93

1400 S. Charles St.
Baltimore 30, Md.

4613

MEDICAL CERTIFICATION

RECEIVED
JAN 20 1988

100-100000-100000

100-100000-100000

100-100000-100000



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 4824

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Katherine Roesinger			2. DATE OF DEATH May 27, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Edgewood Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Lifetime			D. STREET ADDRESS (If rural, give location) 1721 N. Wolfe St.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, DIVORCED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 15, 1861	9. AGE (In years last birthday) 90	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY At Home			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Andrew Roesinger			14. MOTHER'S MAIDEN NAME Margaret Hein		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Emma Roesinger			ADDRESS 1721 N. Wolfe St.		

MEDICAL CERTIFICATION

<p>18. 331X I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Cerebral Hemorrhage DUE TO</p> <p>(B) Arterio Sclerosis DUE TO</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>2 weeks</p> <p>5 yrs</p>

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1951, to May 27, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23A. SIGNATURE E. Gill Hall M.D.	23B. ADDRESS 1631 E North Ave	23C. DATE SIGNED May 28 1951
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 30, 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR James F. Evans & Son	ADDRESS 118 W Mt. Road ave #1

Dr. Hall
1631 E. North Ave.

51 4825

51 4825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

H-536

1. NAME OF DECEASED
(Type or Print)

EVA HENDERSON

2. DATE
OF
DEATH

5-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3328 Fairfield Rd.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

31 Babb. City

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3328 FAIRFIELD ROAD

25-06

C. Length of stay in Baltimore

15

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year

If Under 24 Hours

Female

NEGRO

MARRIED

AUG 13 1900

50

Months

Days

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

House

Wife

11. BIRTHPLACE (State or foreign country)

MACON, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

PETER TOWNES

14. MOTHER'S MAIDEN NAME

NANCY HICKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

(SON) WILLIE TOWNES 3316 TATE ST.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL THROMBOSIS

10 DAYS

DUE TO

ANTECEDENT CAUSES

(B)

HYPERTENSIVE CARDIO VASC. DIS.

DUE TO

(C)

RENAL FAILURE

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

BRONCHOPNEUMONIA & UREMIA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT

NOT WHILE

WORK

AT WORK

22. I hereby certify that I attended the deceased from 5-13, 1951, to 5-27, 1951, that I last saw the
deceased alive on 5-27, 1951, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. H. Pinkney

M. D.

2310 W. North Ave.

5-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 31-1951

Townes Cemetery

Macon N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

Wm. J. Williams, Jr.

Robert Williams 1515 McElroy St.

VS 150

93D

MEDICAL CERTIFICATION

WILLIAM
CONGRESS
BOND
1875

B-635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4826

Registered No.

BIRTH NO. 4826

1. NAME OF DECEASED
(Type or Print)

Lewis Franklin Bortner

2. DATE
OF
DEATH

5-78-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4508 Keswick Rd. 10

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

4508 Keswick Rd. 27-14

C. Length of stay in Baltimore

55

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Farmer Bortner 4508 Keswick Rd.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

A. DUE TO

Metastatic Carcinoma

4 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

B. DUE TO

Squamous cell Carcinoma
Lung

4 mos

C. DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular disease 4 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Dec 10, 1946, to 28 May, 1957, that I last saw the
deceased alive on 28 May, 1957, and that death occurred at 5:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1957

St. Michaels, Md.

L. Scott Brooks, Sparks, Md.

Dr. John C. Osborne
3178 Northern Parkway
C17837

5600 Harford Rd

Ha 49 79

50
52
68

51 4827
BIRTH NO. J-162BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4827
Registered No.

1. NAME OF DECEASED (Type or Print) MARY AGNES JEFFRIES			2. DATE OF DEATH May 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01		
D. STREET ADDRESS (If rural, give location) 535- Camel Street			E. DATE OF BIRTH 2-12-1918		
F. AGE (In years last birthday) 33			G. AGE (In years last birthday) 33		
H. BIRTHPLACE (State or foreign country) Md.			I. CITIZEN OF WHAT COUNTRY? U.S.A.		
J. FATHER'S NAME ?			K. MOTHER'S MAIDEN NAME		
L. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			M. SOCIAL SECURITY NO. no		
N. INFORMANT Ethel Felder - Evans			O. ADDRESS 4204th - Chapel Rd		

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Fatty liver		(A) DUE TO			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

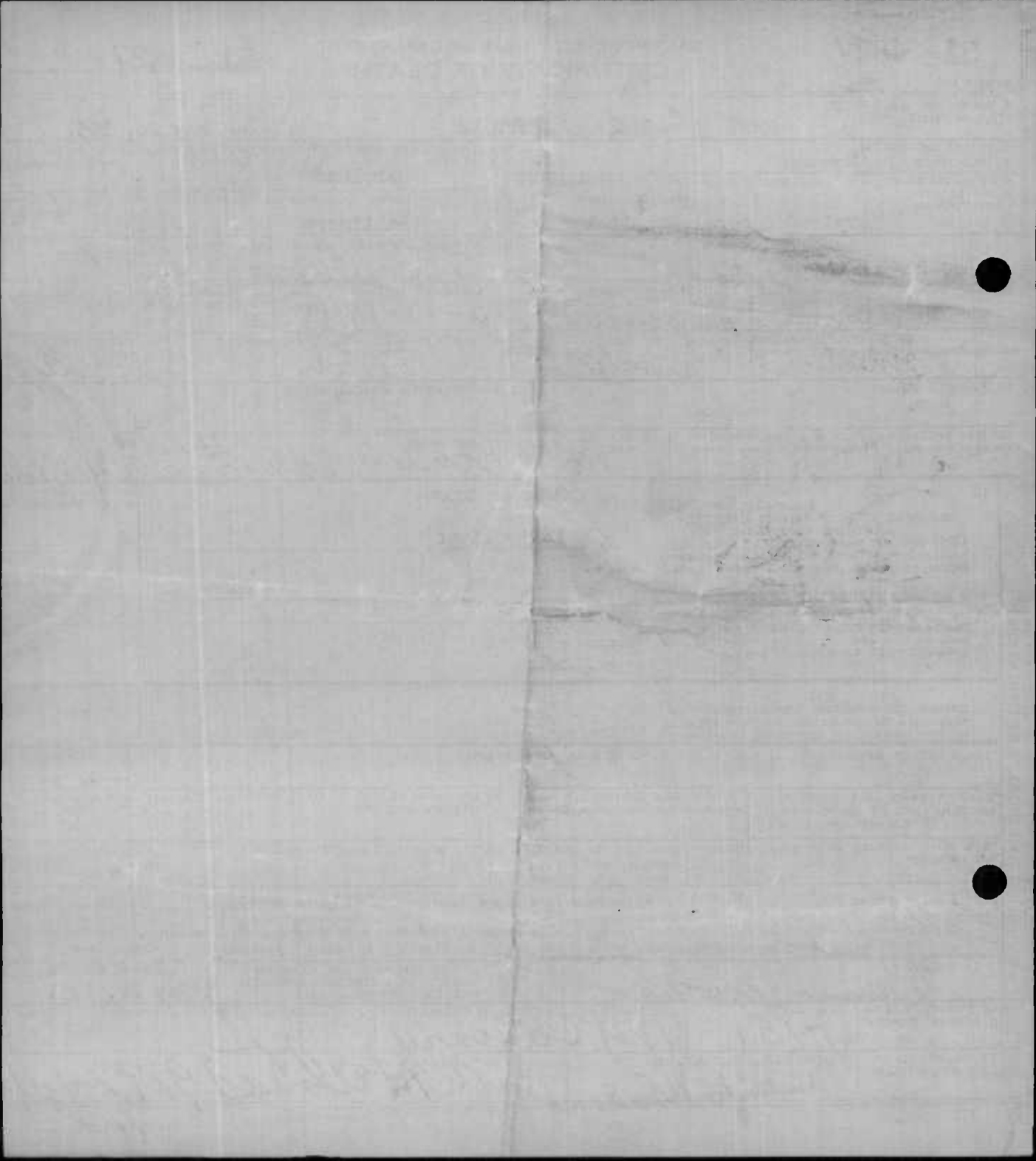
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Wood		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 28, 1951	
--------------------------------	--	--	--	-------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/2/51		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary		24D. LOCATION (City, town, or county) (State)	
--	--	------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
--	--	-----------------------	--	----------------------	--	---------	--



B-422
51 4828BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4828

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anastasia Boleski

2. DATE
OF
DEATH

May 27, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland Gen. Hosp

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 13, 1879

9. AGE (In years
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Thomas Kowalski

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 210

Marion Bahuski Wicklow Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Theridale Glen Bur

DUE TO

(A) Strangulated Femoral Hernia

(B) DUE TO

(C) Strangulated Femoral Hernia

INTERVAL BETWEEN
ONSET AND DEATH

1 Week

11 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 16, 1957

19B. MAJOR FINDINGS OF OPERATION

Strangulated Left Femoral Hernia

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1957, to May 27, 1957 that I last saw the
deceased alive on May 27, 1957, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Kern M.D.

23B. ADDRESS

Maryland Gen. Hosp

23C. DATE SIGNED

5/27/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 31, 1957

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem.

24D. LOCATION (City, town, or county)

Baltimore County

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

John M. Weber

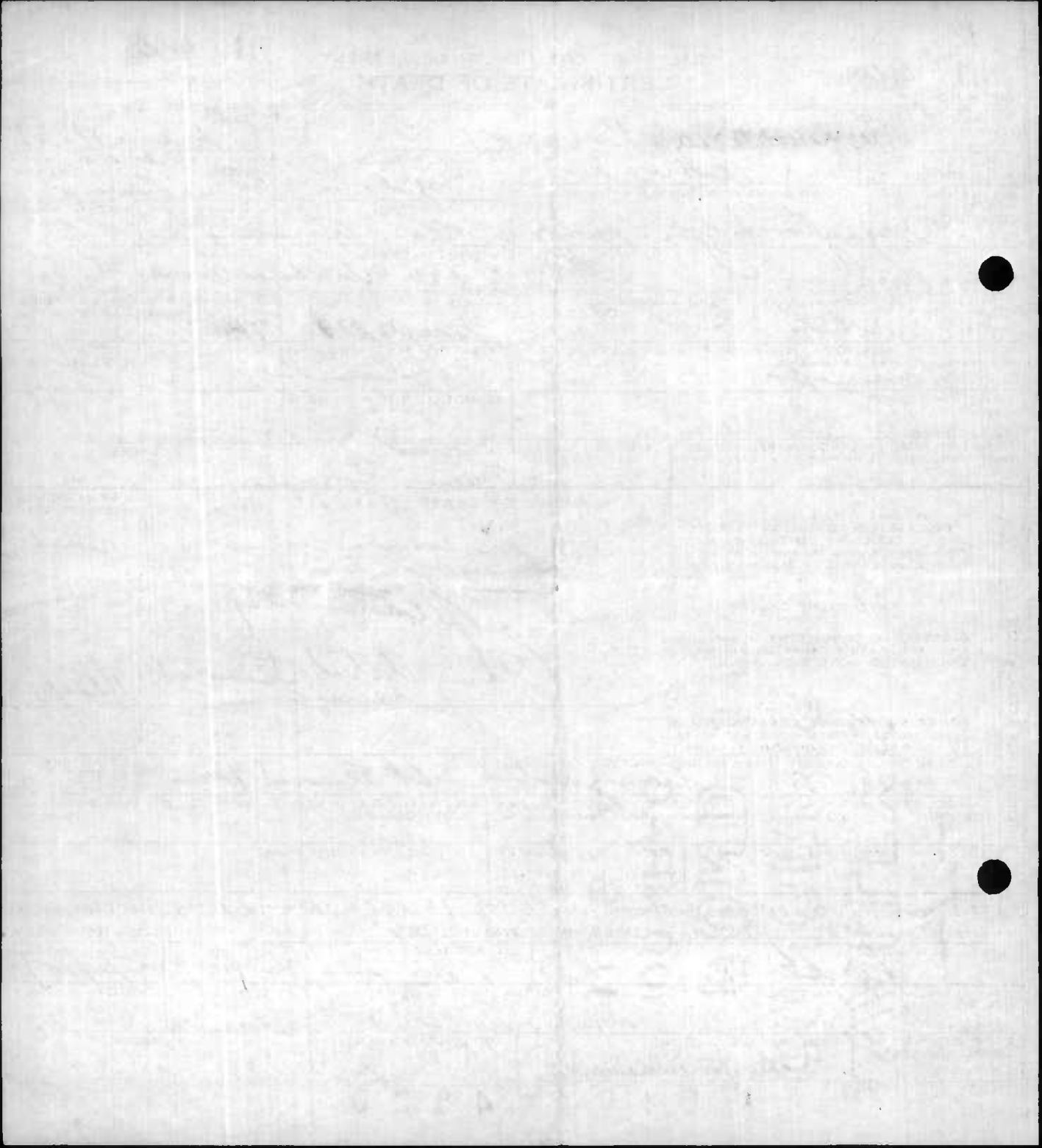
ADDRESS

4010 - Chesley

VS 150

MEDICAL CERTIFICATION

122a



H-263

51 4829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4829

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank D. Haggerty

2. DATE
OF
DEATH

5-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 4622 Park Heights Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4622 Park Heights Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-3-1863

9. AGE (In years last birthday)

87

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Clerk10B. KIND OF BUSINESS OR INDUSTRY
Oil Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Haggerty

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 4622

Mrs. Magaret M. Haggerty Park Heights

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

May 18, 1951

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1951, to May 27, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-30-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1951

Huntington Williams, M.D.

John R. Moran 3000 E. Baltimore St.

VS 150

1-5-51 100 24821

83a

MEDICAL CERTIFICATION

11-10-11

11-10-11

11-10-11

51 4830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4830

Registered No.

BIRTH NO.

M-560

1. NAME OF DECEASED
(Type or Print)

JOHN MAENNER

2. DATE
OF
DEATH

May 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)
US Marine Hospital
Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
Mercy Villa

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

3/17/85

9. AGE (In years
last birthday)

66

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR INDUSTRY
Mercy Villa-Balto.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Charles Manner

CONVALESCENCE HOME

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL
SECURITY NO.
219-03-617217. INFORMANT ADDRESS
Records- US Marine Hospital, Balto, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

Carcinoma of larynx (resected 1942)

(A)
DUE TO extensive metastases to vertebrae
and ribs

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1950, to May 27, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 2:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

5/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-31-1951

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph

24D. LOCATION (City, town, or county)

Fullerton

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

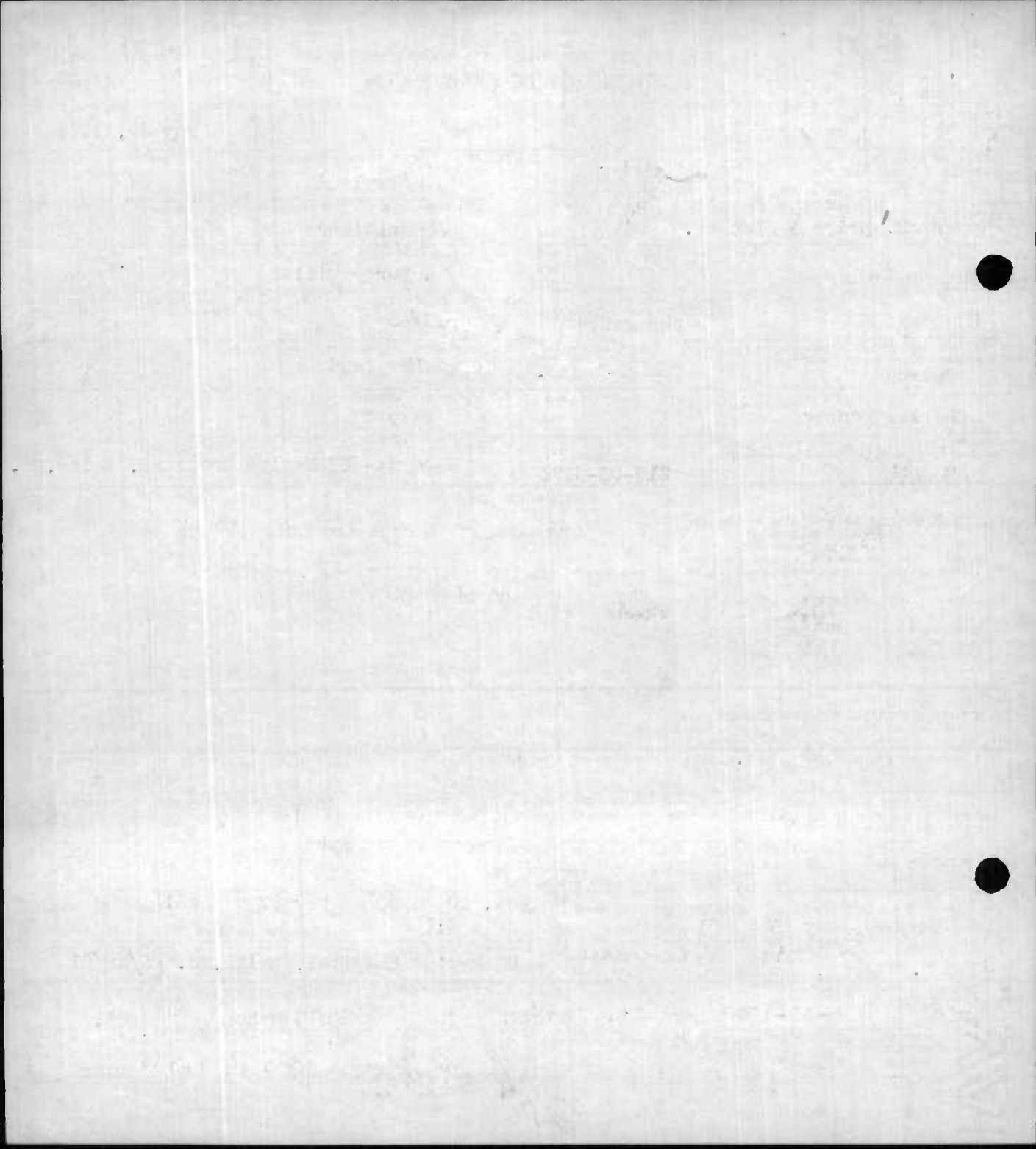
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Baltimore St.

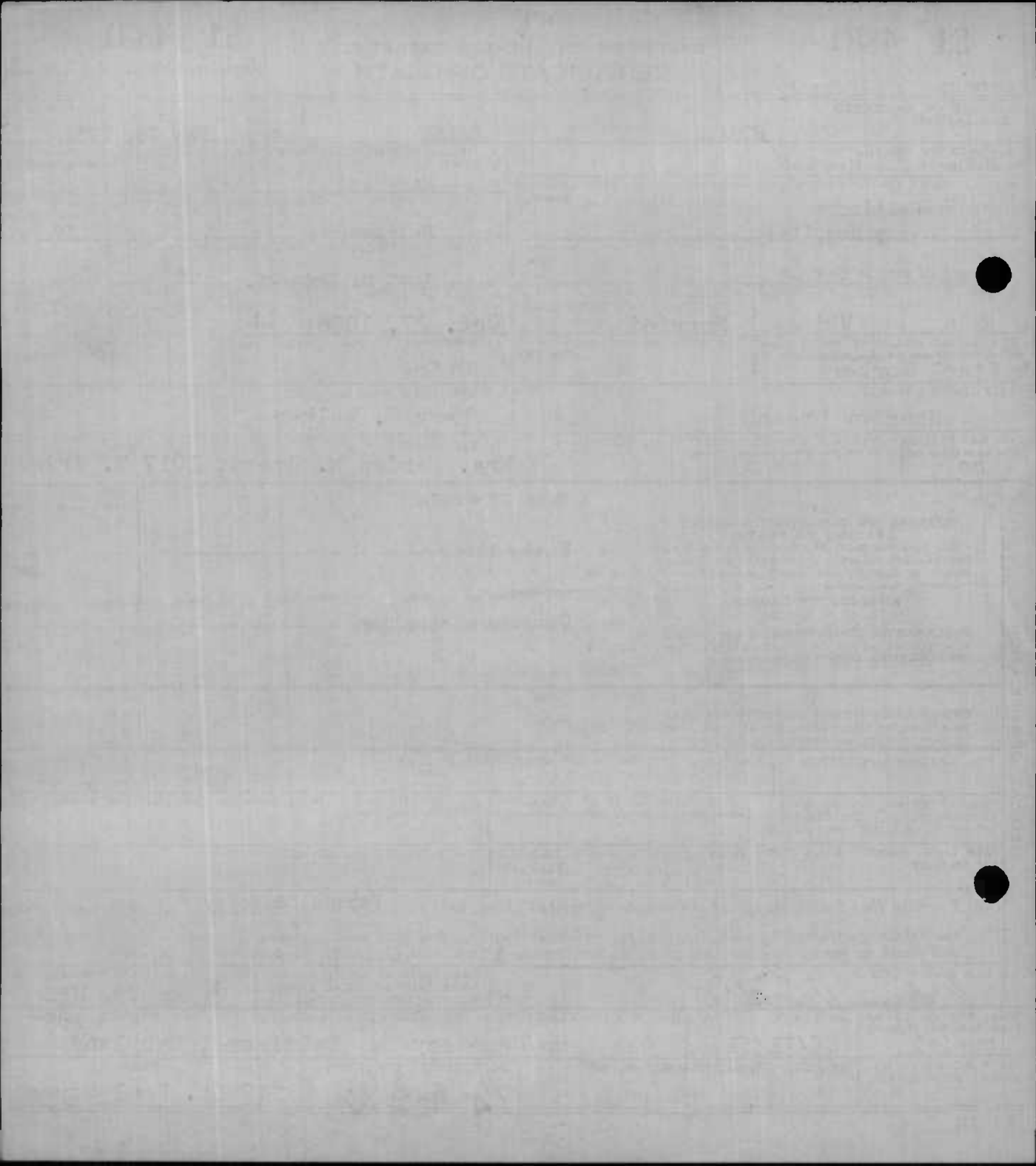


51 4831
G-650BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4831
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		HOWARD L. GREEN		May 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Maryland			
City Hospital		B. COUNTY			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore			
D. STREET ADDRESS (if rural, give location)		1017 N. Iris St. 26-44			
Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Steel Worker				Oct. 27, 1906 44	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		9. AGE (In years last birthday)	
Ohio				44	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no or unknown)	
Stanley Green		Mary F. Walker		no	
16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
		Mrs. Marion M. Green, 1017 N. Iris			

18. 581-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Fatty liver			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(B) Chronic alcoholism			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		23C. DATE SIGNED	
burial		5/31/51		May 29, 1951	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR	
Oak Lawn Cemetery		Baltimore, Maryland		Wm. B. B. Inc.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
				1217 St. Paul Street	



51 4832

51 4832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 9-653

1. NAME OF DECEASED (Type or Print) Mary J. Grindall		2. DATE OF DEATH May. 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3718 W. Garrison Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 71 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3718 W. Garrison Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 29, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Bonding Dept.		9. AGE (In years last birthday) 71	11. BIRTHPLACE (State or foreign country) Baltimore, Md.
10B. KIND OF BUSINESS OR INDUSTRY Fidelity & Dep. Co.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Joseph Grindall		14. MOTHER'S MAIDEN NAME Ida L. Dempsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Mary L. Boyd		ADDRESS 3313 Dorchester Road	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH several months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular disease		many years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 6th , 1951, to May 27th , 1951, that I last saw the deceased alive on May 27th , 1951, and that death occurred at 8:00 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Edmund E. Chetani		23B. ADDRESS 15 E. Biddle St. Balt.		23C. DATE SIGNED 5-29-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/30/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
		24D. LOCATION (City, town, or county) Baltimore, Md.		(State)	

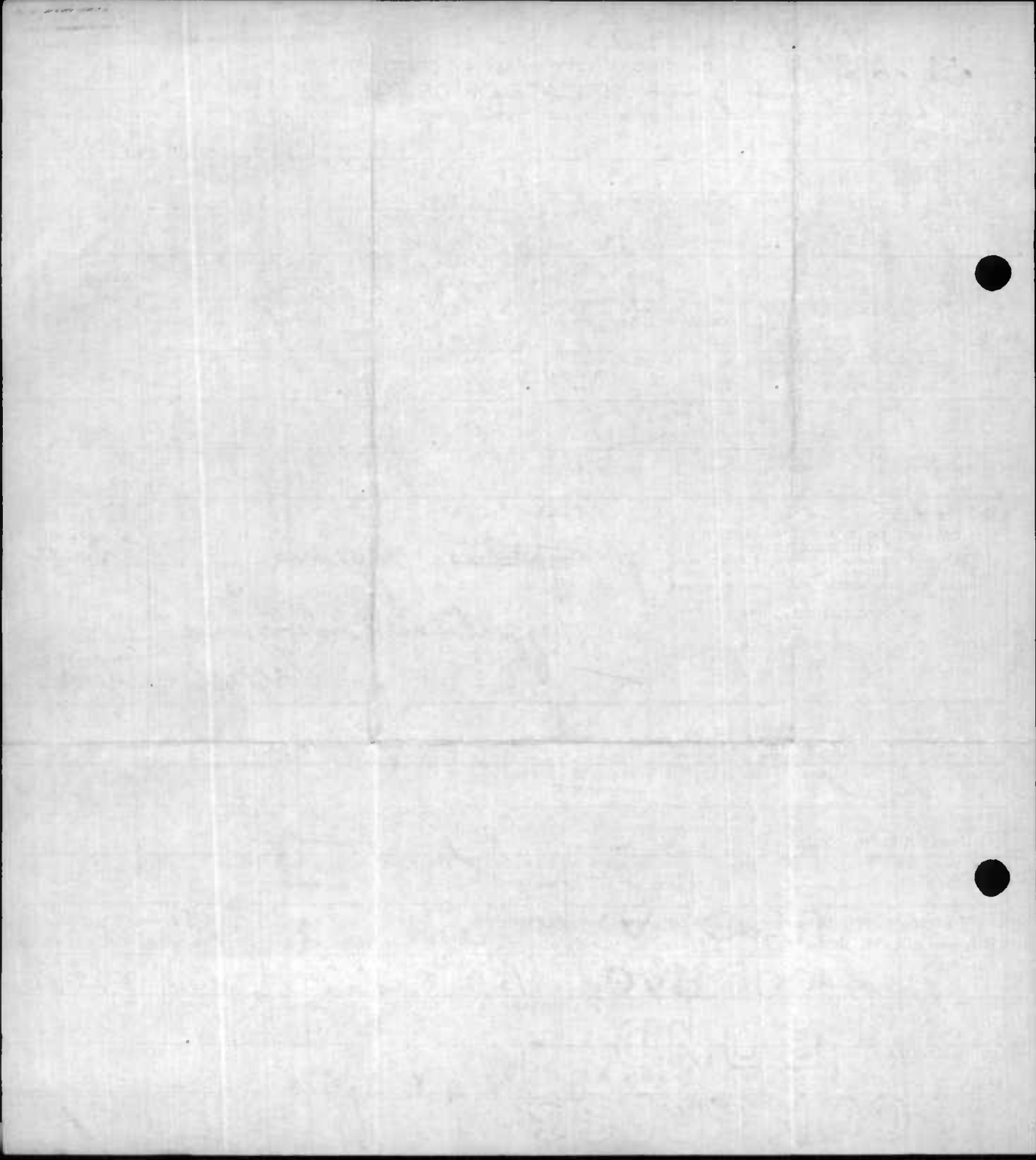
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE Wm. J. McQuinn, M.D.		25. FUNERAL DIRECTOR Wm. J. McQuinn, M.D.	
		ADDRESS 505 W. Calvert St.			

VS 150

35071

93D

MEDICAL CERTIFICATION



C-155
51 4833BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4833

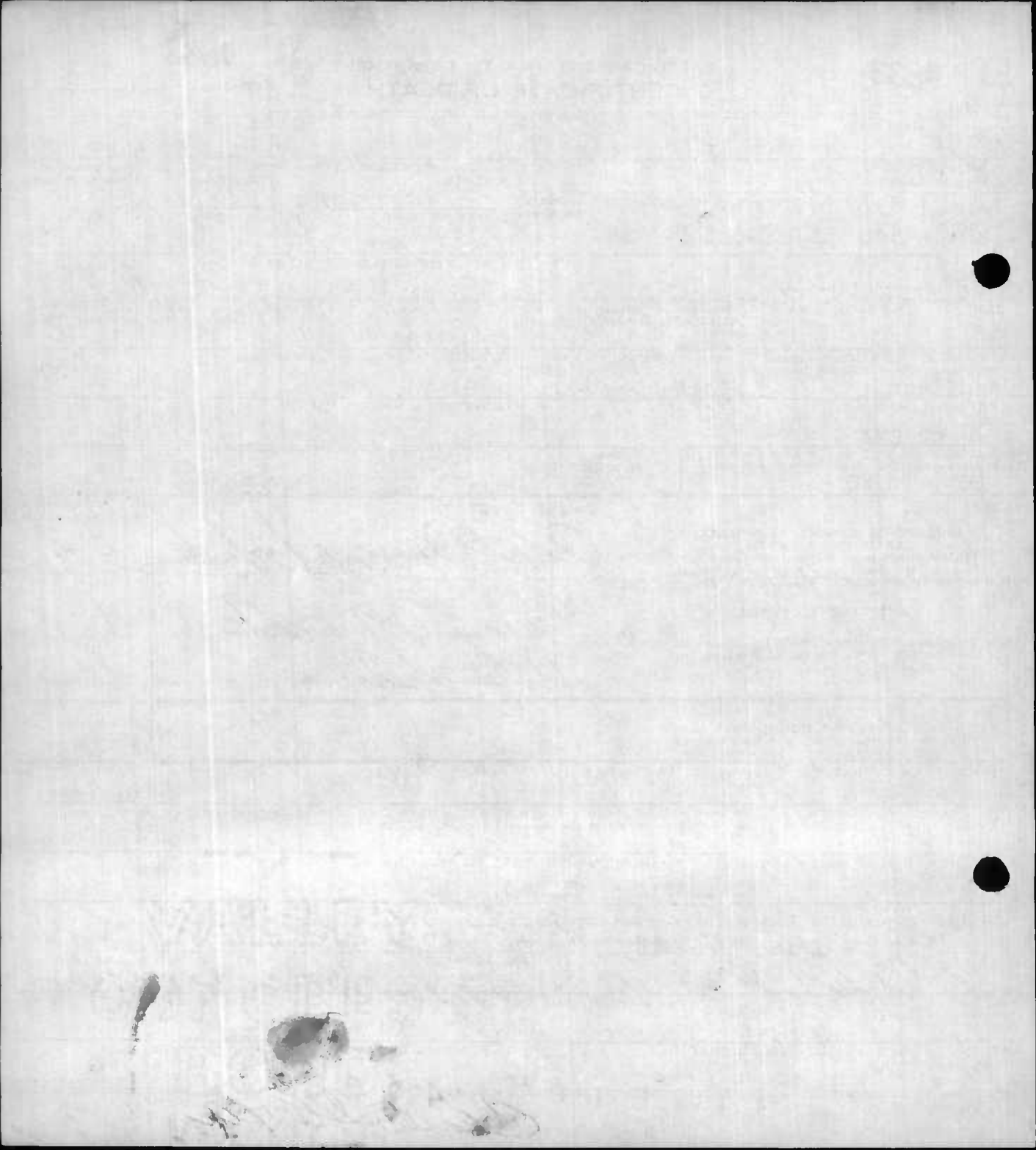
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE L. CHAPMAN		2. DATE OF DEATH 5/26/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 748 W. REDWOOD STREET		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 748 W. REDWOOD STREET 4-02	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 6/8/1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Visitation Chapel	9. AGE (In years last birthday) 66 If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JACOB CHAPMAN		14. MOTHER'S MAIDEN NAME MARY CARROLL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MAMIE COPLEN(S)		ADDRESS 748 Redwood St	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarction DUE TO Chronic Myocarditis DUE TO Arteriosclerosis	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 3 days 9 9
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-20 , 19 51 , to 5-26 , 19 51 , that I last saw the deceased alive on 5-26 , 19 51 , and that death occurred at 5 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Charles W. Wells		23B. ADDRESS 861 Park Ave		23C. DATE SIGNED 5-28-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5/30/51		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) BALTO. MD.		24E. FUNERAL DIRECTOR CHARLES S. COOPER		ADDRESS 512 CARROLLTON AVE	
DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1951		REGISTRAR'S SIGNATURE Wm. Williams, M.D.		FURNISHED TO Charles Wells	



51 4834
M-450BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4834
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CYRUS F MALLONEE

2. DATE
OF
DEATH

May 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

Jan 12, 1900

9. AGE (In years
last birthday)

52 51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ACCOUNTANT

10B. KIND OF BUSINESS OR
INDUSTRY

BANK

11. BIRTHPLACE (State or foreign country)

EASTON MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CYRUS V.B. MALLONEE

14. MOTHER'S MAIDEN NAME

CATHERINE HICKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Yes No W.W.II

217-03-5486 WILLIAM MALLONEE

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 28, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/30/51

EASTON

EASTON, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

James L. McCally

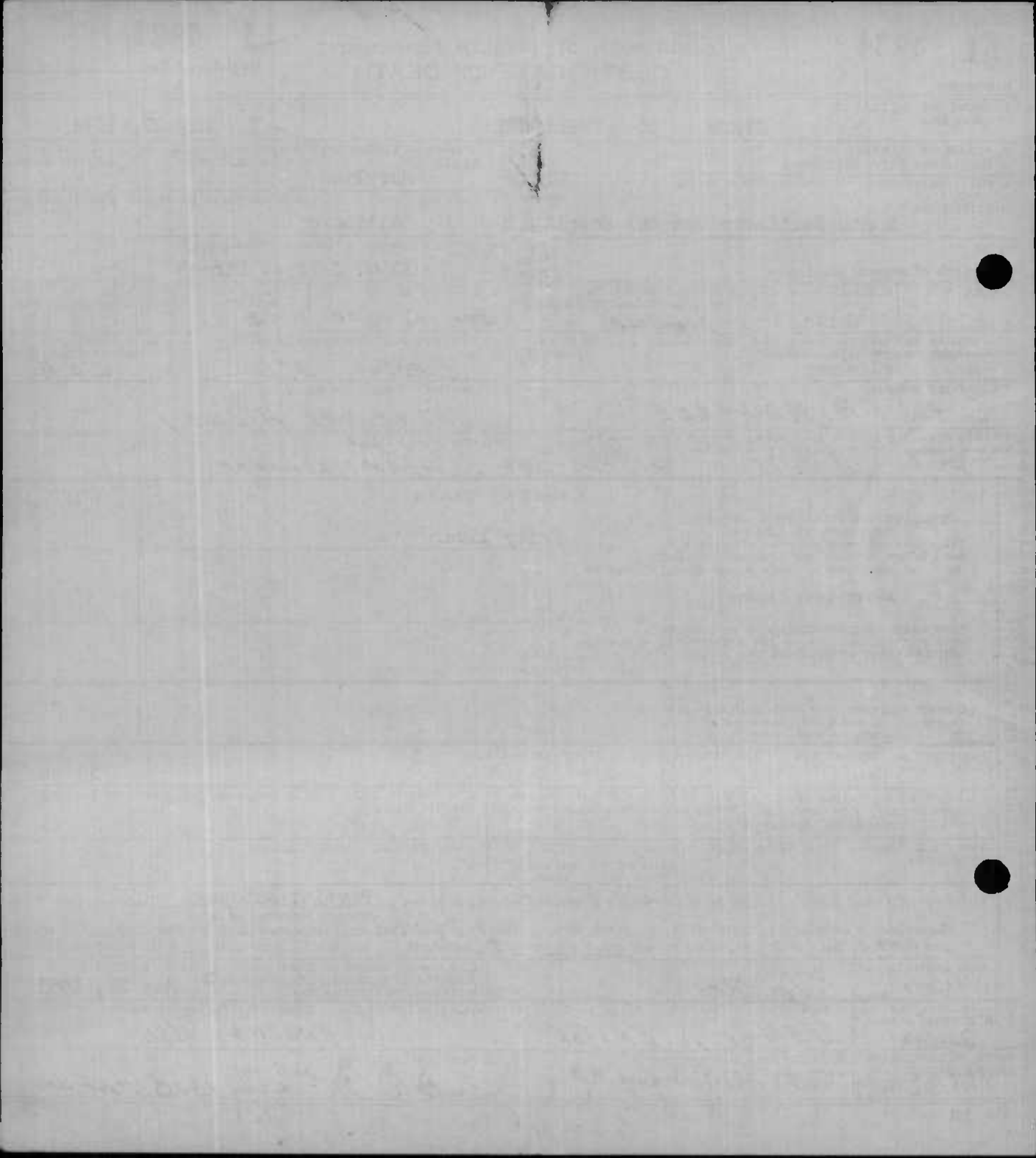
1308 Front Ave

VS 151

00071

124 B ✓

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4835

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Urban

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6,

D. STREET ADDRESS (If rural, give location)

4414 Ridgemoor Road

Length of stay in Baltimore

47

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

12-17-75

9. AGE (In years
last birthday)

75 yrs,

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Cemetery work

13. FATHER'S NAME

John Urban

11. BIRTHPLACE (State or foreign country)

Europe

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-05-5799A

17. INFORMANT

ADDRESS

Bellean Ornes 4014 Ridgemoor Rd of 6

18.

490 X,

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Lobar pneumonia (PT)

(C)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1951 to May 28, 1951 that I last saw the
deceased alive on May 28, 1951 and that death occurred at 6:25 A. M., from the causes and on the date stated above.

23A. SIGNATURE

B. B. Belles

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

5/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 31/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese Williams, M.D.

25. FUNERAL DIRECTOR

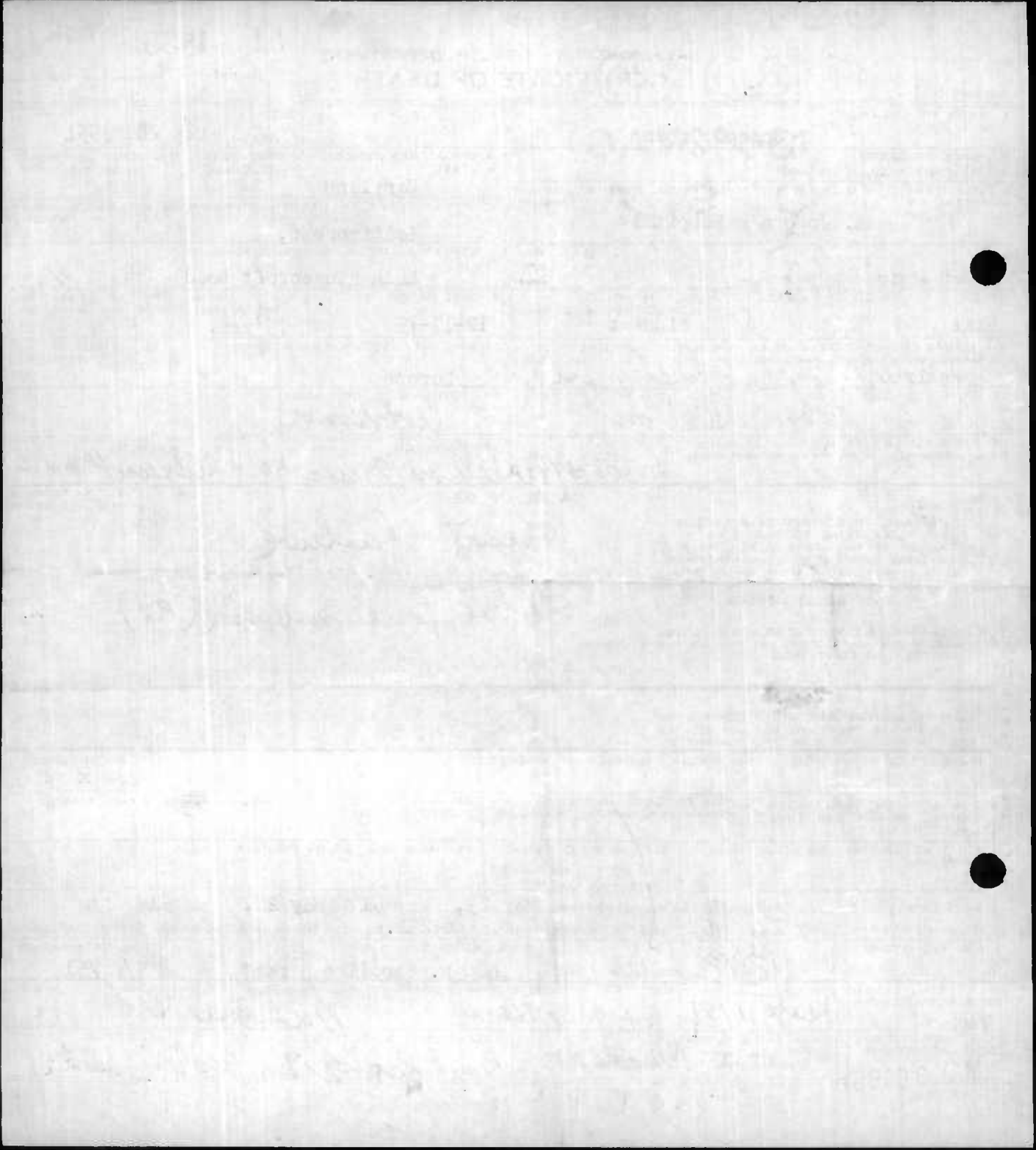
ADDRESS

MAY 30 1951

Frank Grady, Dan 900 N. Chester

VS 150

108



51 4836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4836

Registered No.

BIRTH NO. *N.R. GREGORY*1. NAME OF DECEASED
(Type or Print)*Gregory Snyder*2. DATE
OF
DEATH*May 29, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*JOHN HOPKINS HOSPITAL*

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

*1-4-49*9. AGE (In years
last birthday)*2*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Penna.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Cecil Snyder

14. MOTHER'S MAIDEN NAME

*Helen Orner*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT *JOHN HOPKINS HOSPITAL* ADDRESS18. *591X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Nephrosis

DUE TO

9 mos.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-25, 1950* to *5-29, 1951*, that I last saw the
deceased alive on *5-29, 1951*, and that death occurred at *4:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Harriet G. Gried

M. D.

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

*5/29/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (city, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

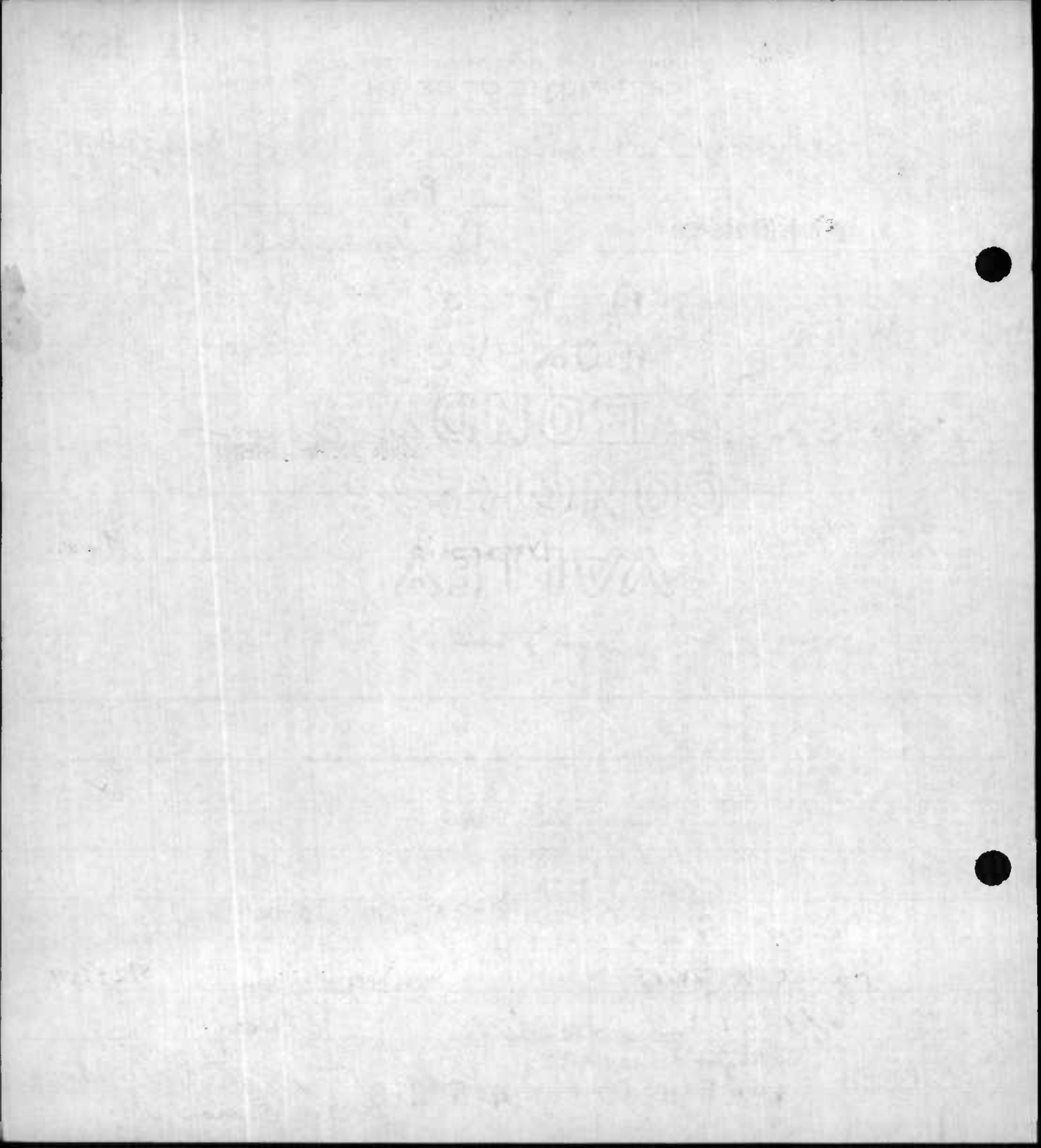
ADDRESS

Burial
6/1-51
Bendersville
Penna.
May 30 1951
John O Mitchell & Sons
1900 Eutaw Pl.

VS 150

133B

MEDICAL CERTIFICATION



A60
51 4837

51 4837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNABELLE KELLER

2. DATE
OF
DEATH

May 27 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland 213 E. 33rd St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONYrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

Dec. 26, 1894

9. AGE (In years
last birthday)

76

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Martinsburg W. Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John

Middlecamp

14. MOTHER'S MAIDEN NAME

Susan Dooling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Roy Birely 213 E. 33rd St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) _____

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1941 to May 1957 that I last saw the
deceased alive on May 27, 1957 and that death occurred at 10:00 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William E. Kefreth

M. D.

5006 Roland Ave

5/29/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 30 1957

Woodlawn

Woodlawn, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1957

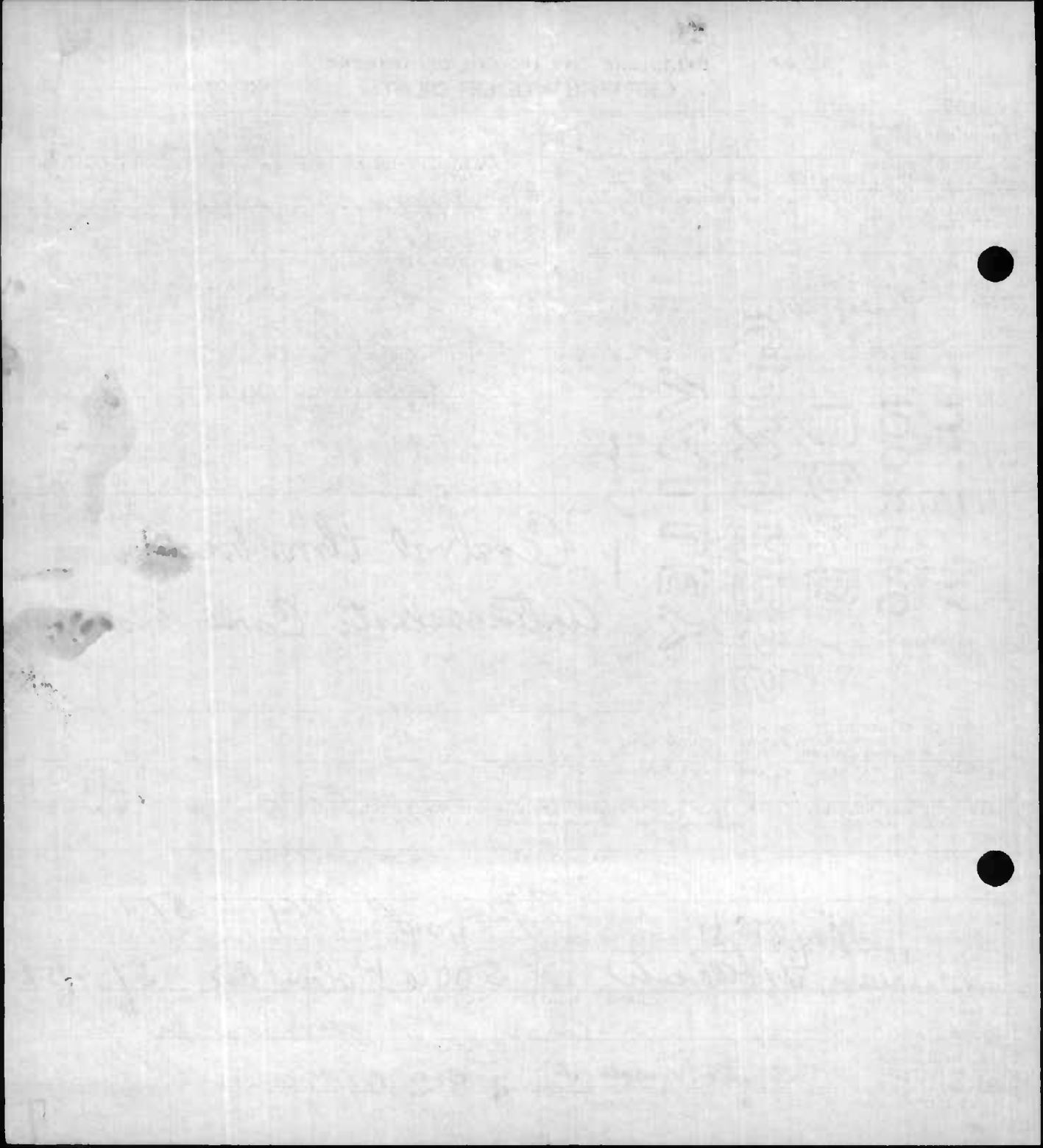
Huntington Williams, M.D.

Living Byers 5005 E. 33rd St

VS 150

937

MEDICAL CERTIFICATION



51 4838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4838

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James H. Brown

2. DATE
OF
DEATH

May 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEThe Johns Hopkins Hospital
Baltimore 5, Md.

4. USUAL RESIDENCE (Where deceased lived, if in institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

622 N. Central ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT The Johns Hopkins Hospital ADDRESS

18. 490X CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) ...
DUE TO(B) ...
DUE TO

(C) ...

Hydropneumothorax
rt lung
Pneumonic consolidation
left lung
Cause unknownINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11-1951 to 5-11-1951, that I last saw the deceased alive on 5-11-1951, and that death occurred at 11:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R Wells

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

5-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 17 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

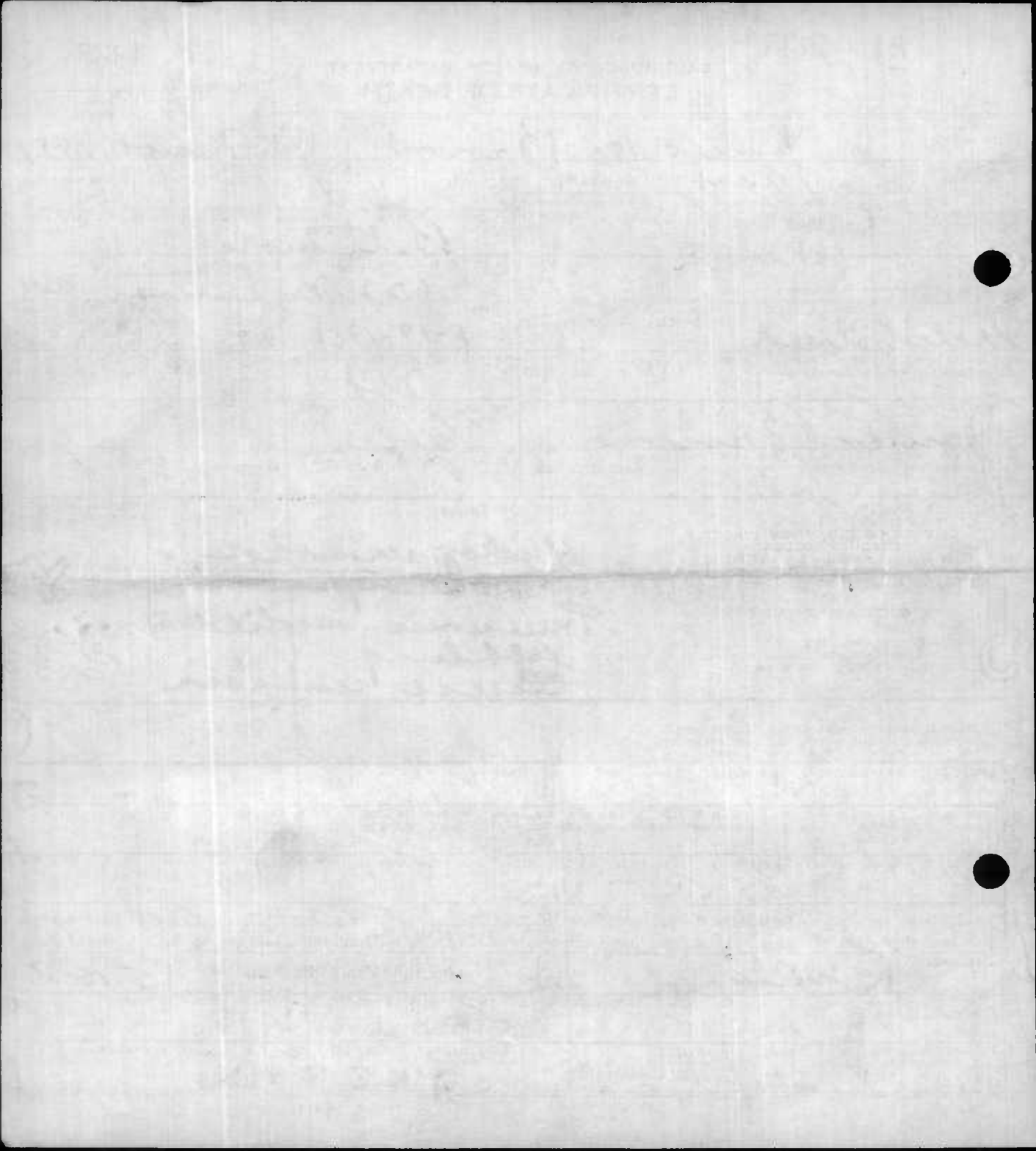
Walter J. Williams, M.D.

Commissioner of Health

VS 150

108

MEDICAL CERTIFICATION



51 4839

State Anatomical

51 4839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Anderson

2. DATE
OF
DEATH

May 10, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Johns Hopkins Hospital

Baltimore 5, Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

male

Colored

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT The Johns Hopkins Hospital

Baltimore 5, Md

18. 180x 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATHYES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 4/7 1951, to 5/10, 1951, that I last saw the
deceased alive on 5/10, 1951, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE

J. E. Langford

M. D.

23b. ADDRESS The Johns Hopkins Hospital

23c. DATE SIGNED

5-7-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 17 1951

DATE RECEIVED BY
LOCAL REGISTRAR

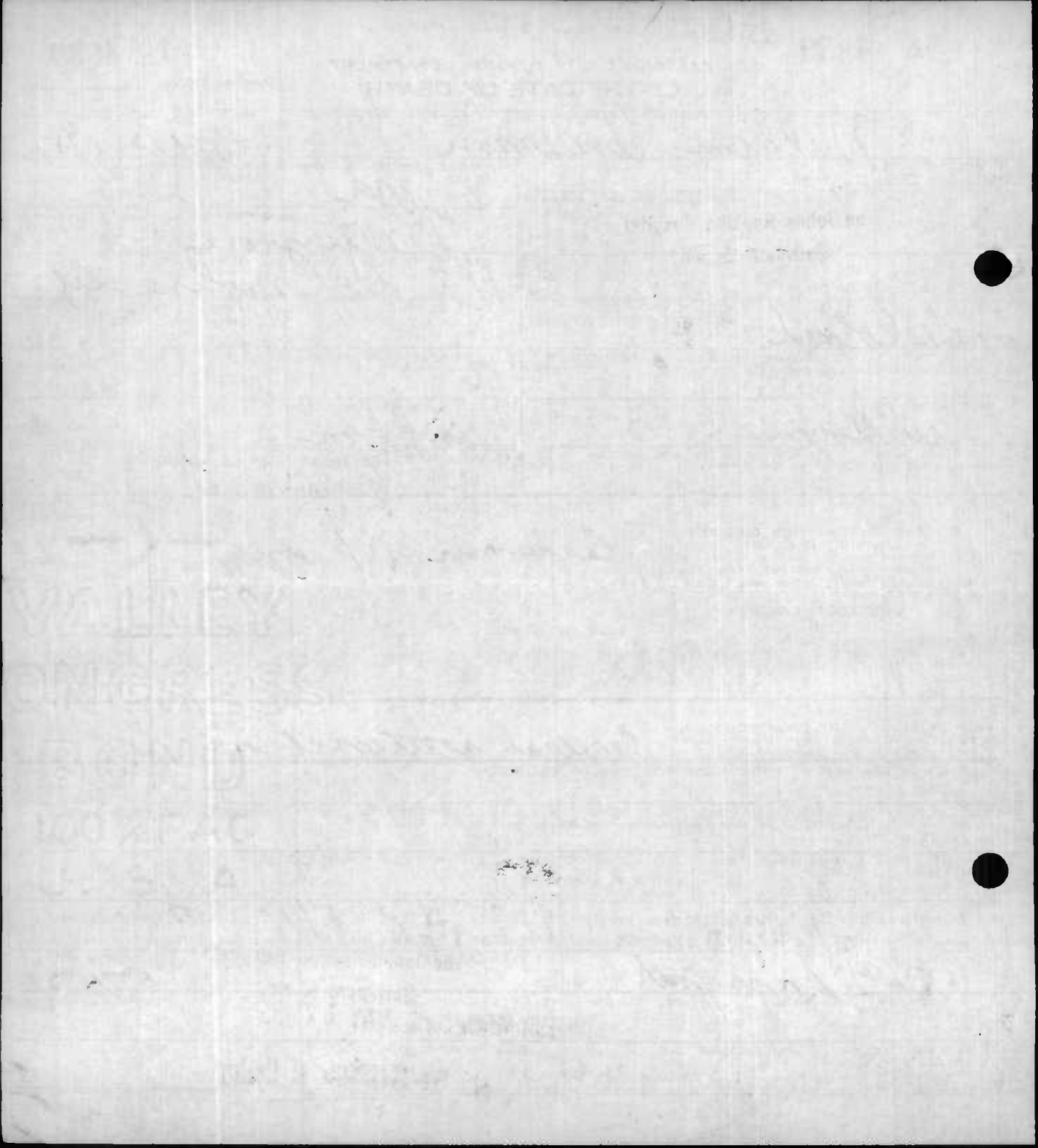
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

Commissioner of Health



51 4840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4840

BIRTH NO.

51.10631

1. NAME OF DECEASED
(Type or Print)

BABY BOY SEIDEL

2. DATE
OF
DEATH

May 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

103 Oak Drive - Catonsville

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 19, 1951

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

U.S.A

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Frederick Seidel

14. MOTHER'S MAIDEN NAME

Elsie D. PONT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 769.5 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

Dystocia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Potencia of Pregnancy

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/13, 1951, to 5/15, 1951 that I last saw the
deceased alive on 5/15, 1951 and that death occurred at 3:45 pm, from the causes and on the date stated above.

23A. SIGNATURE

Robert Sandler M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5/15/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 17 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

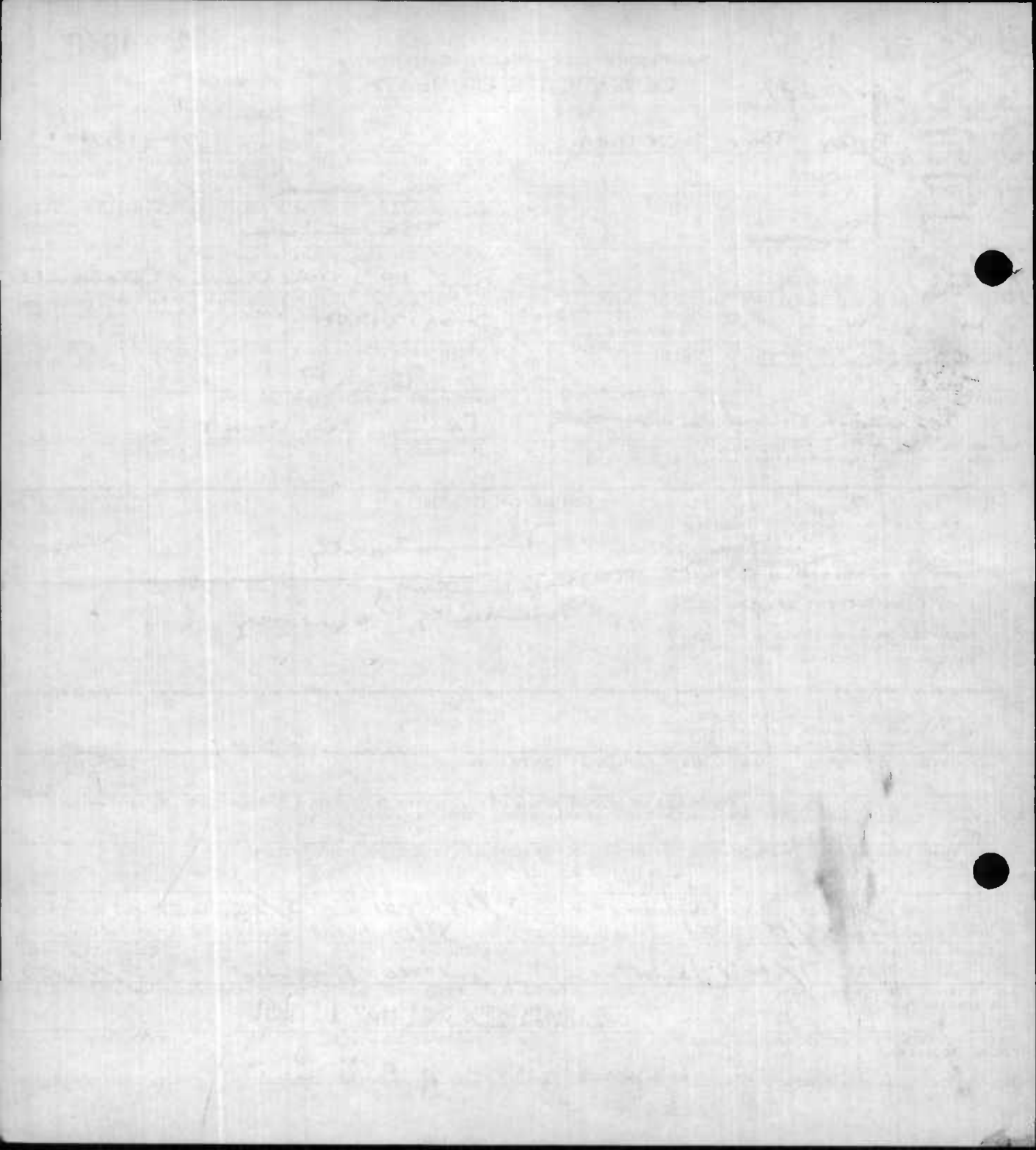
Walter H. Williams

4832

VS 150

159

MEDICAL CERTIFICATION



51 4841

51 4841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BABY BOY GERSTBRICH

2. DATE
OF
DEATH

5-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2025 W. Fayette St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Bon SECOURS Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27

D. STREET ADDRESS (If rural, give location)

5516 Selma Ave 5300

C. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-29-51

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

5 10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FRANK GERSTBRICH

14. MOTHER'S MAIDEN NAME

Winifred Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. 7620
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity-

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

EXTRA MEMBRANOUS pregnancy

DUE TO

(C)

Asphyxia

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/29, 1951, to 5/29, 1951, that I last saw the
deceased alive on 5/29, 1951, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. J. Cantutano

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

5-29-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

Wm. J. Williams, Jr.

Bellevue Funeral Home 2008 Calver

362 51 4842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4842

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

5-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Md. Gen. Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

22-02

D. STREET ADDRESS (If rural, give location)

229 S. Fremont St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 585X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Embolism

DUE TO

(B)

Post. Op.
Cholecystitis

DUE TO

(C)

Acute Cholecystitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

5-22-51

Acute Cholecystitis

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 5-22-1951 to 5-28-1951, that I last saw the
deceased alive on 5-28-1951, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

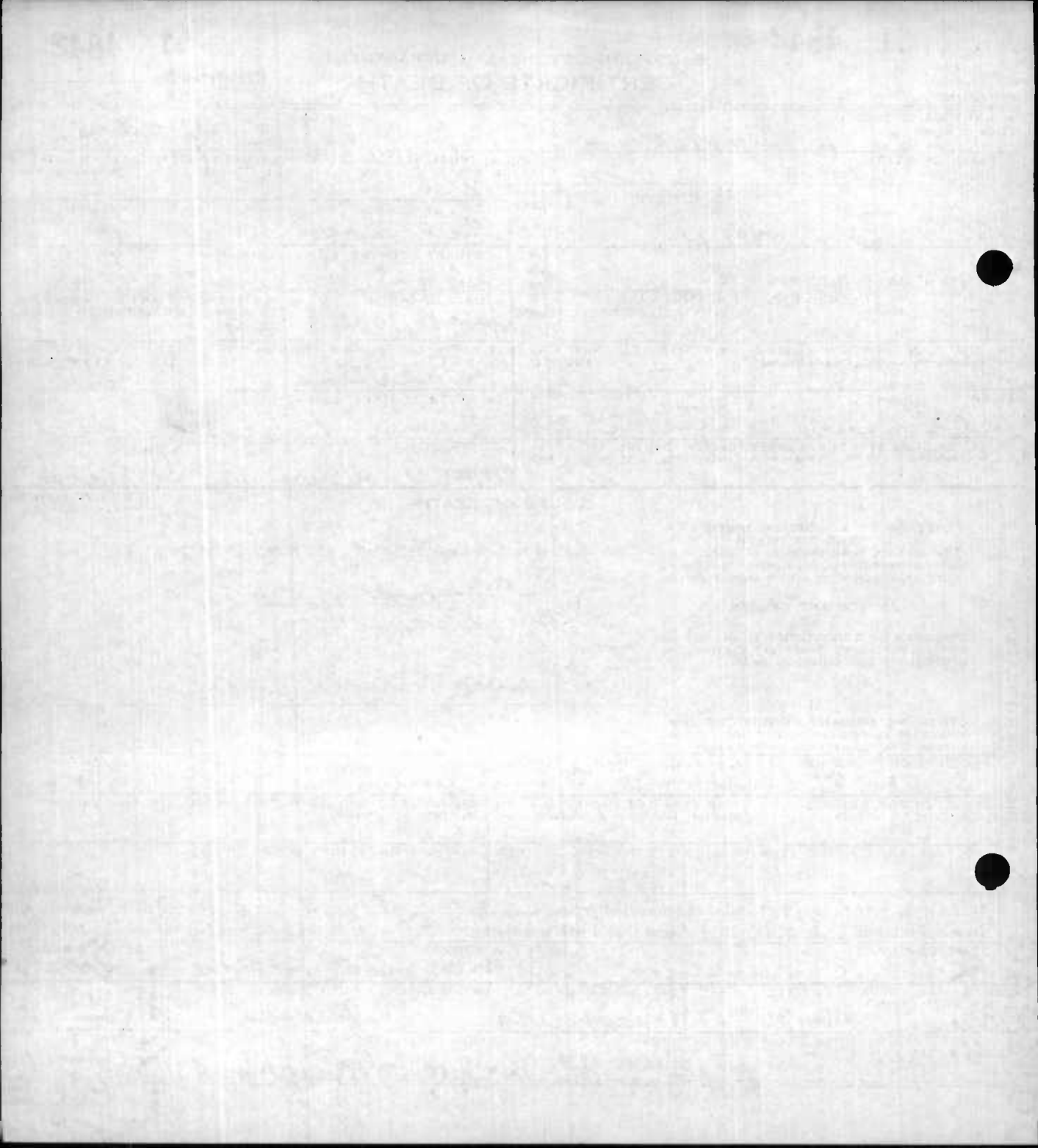
25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

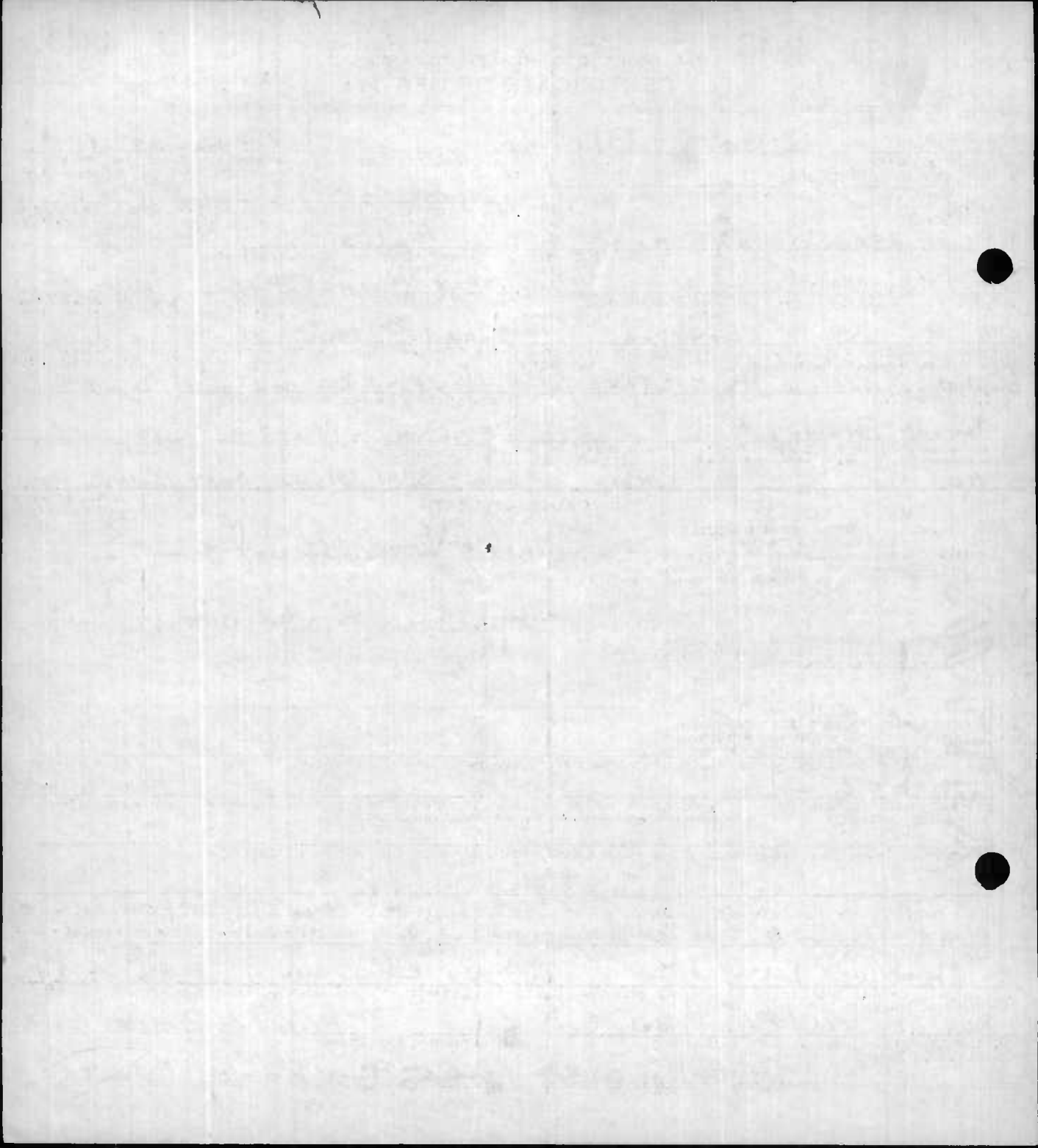
Wm. J. Williams, Jr.

Mrs. J. J. Williams, Jr. 5311 Edmondson Ave.



BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <u>Stillie. W. Blaney</u>	
2. DATE OF DEATH <u>May 29, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>md</u> B. COUNTY <u>Balto.</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <u>3908. Walnut Ave</u>	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>	
7. STREET ADDRESS (If rural, give location) <u>3908. Walnut Ave</u>	
8. LENGTH OF STAY IN BALTIMORE 55-Yrs. Mos. Days	
9. SEX <u>M</u>	
10. COLOR OR RACE <u>W.</u>	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
12. DATE OF BIRTH <u>June 15th 1880</u>	
13. AGE (in years last birthday) <u>70</u>	
14. BIRTHPLACE (State or foreign country) <u>Hartford, Conn.</u>	
15. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Superintendent</u>	
17. KIND OF BUSINESS OR INDUSTRY <u>Balto. City Employee</u>	
18. FATHER'S NAME <u>Geo. W. Blaney</u>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	
20. SOCIAL SECURITY NO. <u>NONE</u>	
21. INFORMANT <u>Mrs. S. W. Blaney</u>	
22. ADDRESS <u>3908. Walnut Ave</u>	
23. CAUSE OF DEATH <u>Cardiac-Vascular Renal Disease</u>	
24. ANTECEDENT CAUSES <u>Hypertension - arteriosclerosis</u>	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
26. DATE OF OPERATION <u>May 29</u>	
27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
29. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
32. TIME (Month) (Day) (Year) (Hour) INJURY	
33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from <u>Nov 1, 1950</u> , to <u>May 29, 1951</u> , that I last saw the deceased alive on <u>5-24, 1951</u> , and that death occurred at <u>2:54 p.m.</u> from the causes and on the date stated above.	
36. SIGNATURE <u>Unobal J. [Signature]</u>	
37. ADDRESS <u>5407 Belair Rd</u>	
38. DATE SIGNED <u>5-24-51</u>	
39. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
40. DATE <u>6/1/51</u>	
41. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cem.</u>	
42. LOCATION (City, town, or county) (State) <u>Hartford, Conn. Balto md.</u>	
43. DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 30 1951</u>	
44. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
45. FUNERAL DIRECTOR <u>Leporello Funeral Home</u>	
46. ADDRESS <u>7401. Belair Rd</u>	

MEDICAL CERTIFICATION



500 51 4844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4844
Registered No.

BIRTH NO.

61-10975

1. NAME OF DECEASED (Type or Print) Baby Boy Cooney			2. DATE OF DEATH May 14 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Caton & Wilkens Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1223 Locust Ave. St.			E. LENGTH OF STAY IN BALTIMORE 3 days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 12, 1951	9. AGE (In years last birthday) 3	10. UNDER 1 Year Months: Days: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME Edward Cooney			12. MOTHER'S MAIDEN NAME Elizabeth		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			14. SOCIAL SECURITY NO.		
15. INFORMANT			ADDRESS		

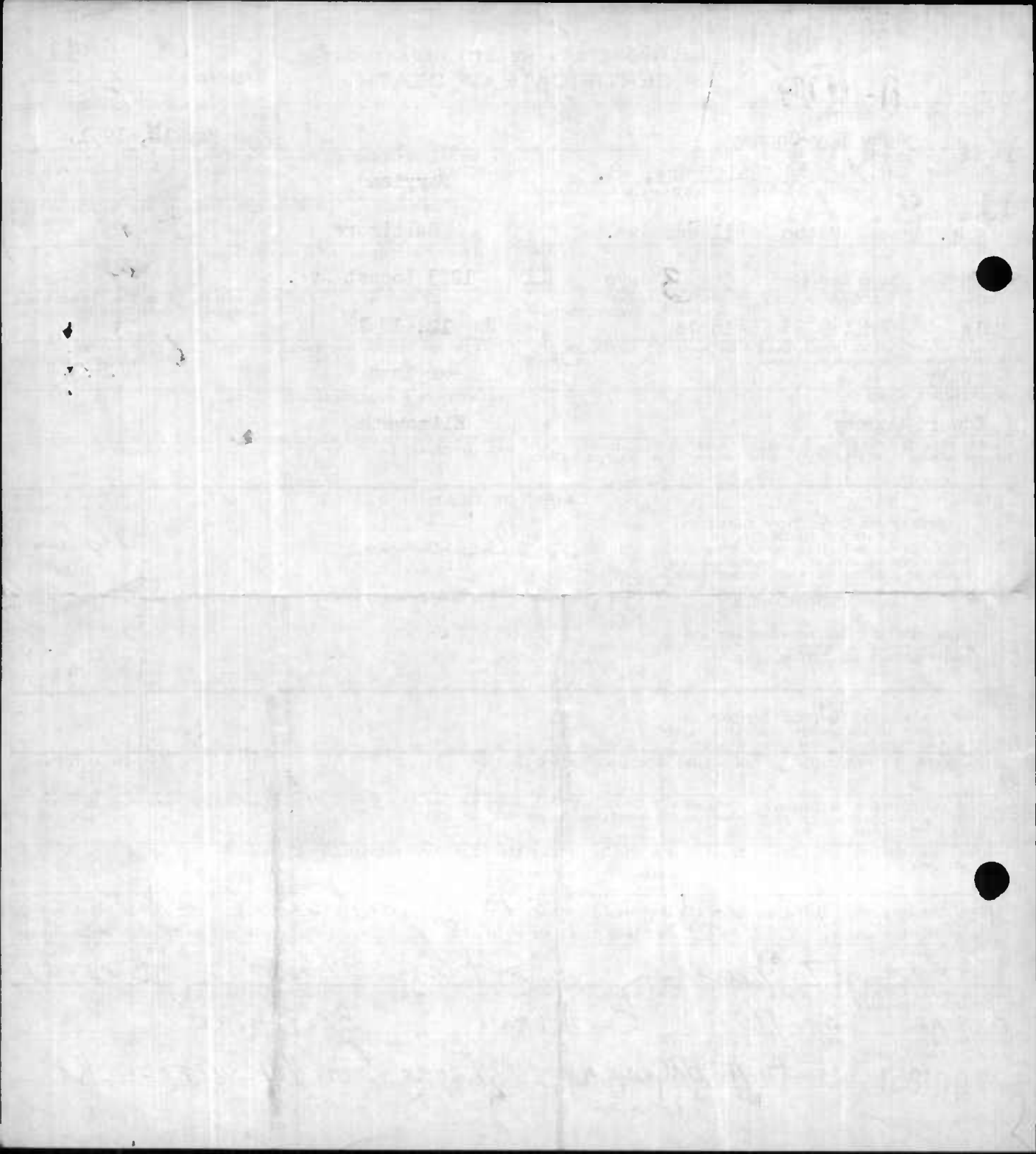
18. 767.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-12 , 1951, to 5-14 , 1951, that I last saw the deceased alive on 5-14 , 1951, and that death occurred at 8:10 m., from the causes and on the date stated above.				
23A. SIGNATURE Joseph T. Murray		23B. ADDRESS St Agnes Hosp		23C. DATE SIGNED 5-18-51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5/29/51	24C. NAME OF CEMETERY OR CREMATORY CATHEDRAL	24D. LOCATION (City, town, or county) (State) BALTIMORE
DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1951		REGISTRAR'S SIGNATURE Wm. H. Williams	25. FUNERAL DIRECTOR ADDRESS M. Faher & Sons 401 SUFFOLK Rd.

MAY 30 1951

161a



634 51 4845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4845
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		CHARLES HEARTLOVE (Hartlove)		2. DATE OF DEATH May 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Baltimore City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		1223 Patapsco Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location)		1223 Patapsco Ave.		25-05	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) D	
8. DATE OF BIRTH Dec. 16,		9. AGE (In years last birthday) 61		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Hartlove		14. MOTHER'S MAIDEN NAME Isabelle Collins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Margaret Russo	
18. ADDRESS 1223 Patapsco St.					

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of liver (A) DUE TO Chronic alcoholism (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
William V. L...
M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED
May 29, 1951

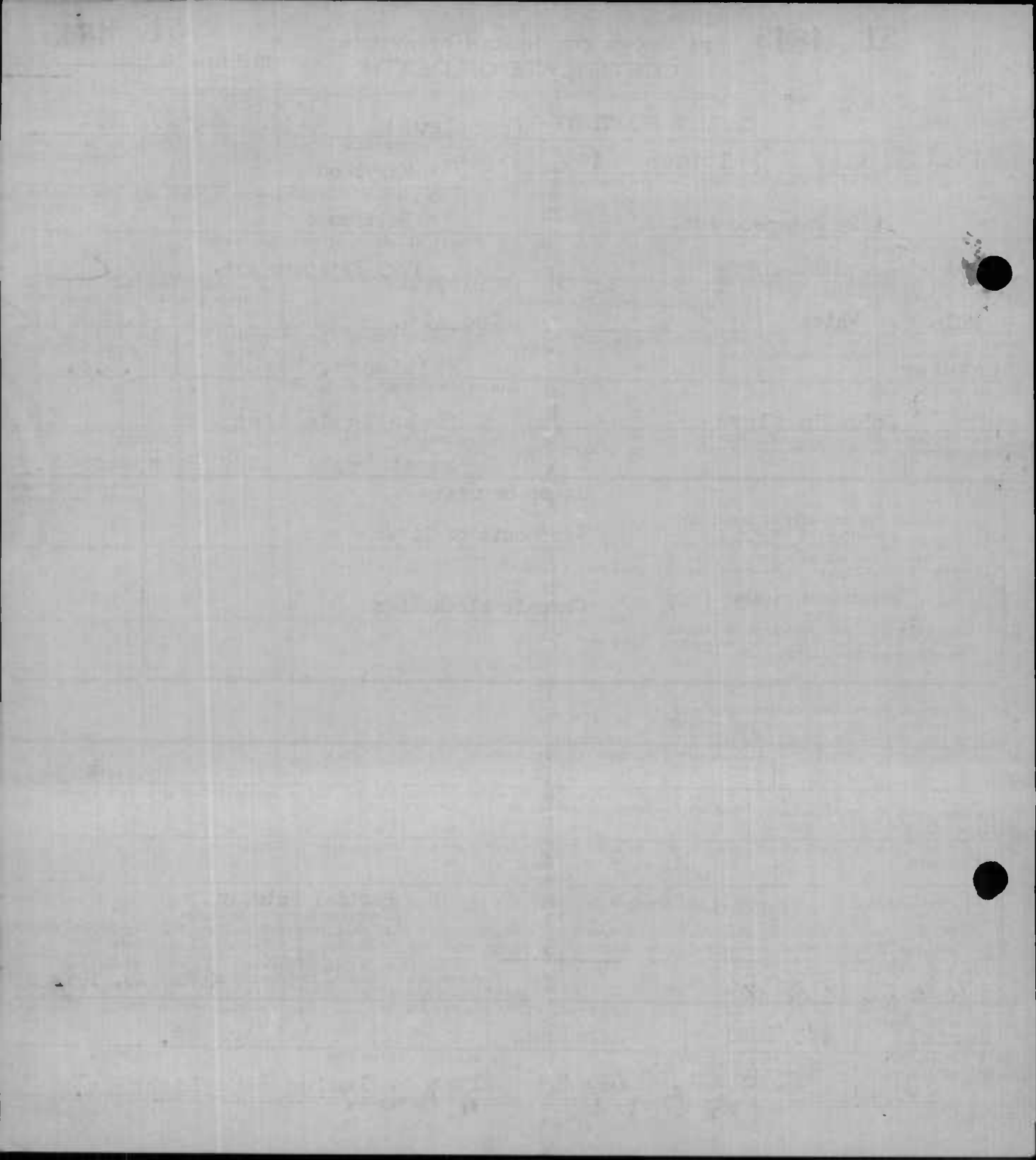
24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial 24B. DATE
6/1/1951 24C. NAME OF CEMETERY OR CREMATORY
Cathedral 24D. LOCATION (City, town, or county) (State)
Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAY 30 1951 REGISTRAR'S SIGNATURE
Huntington Williams, M.D. 25. FUNERAL DIRECTOR
Flynn & Fleming 1426 Light St.

VS 151

4306A

124a



052-51 1846

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 1846

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bransby, Edward C.

2. DATE
OF
DEATH

5-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

838 E. Preston St. 9-09

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

White

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

7-8-1902

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George W. Bransby

14. MOTHER'S MAIDEN NAME

Catherine Tangney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Bransby 838 E. Preston St.

18.

451X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Dissecting Aneurysm of Aorta

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 5-27, 1951, to 5-28, 1951, that I last saw the
deceased alive on 5-28, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. Gurin Gluckman M.D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

5-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/31/1951

Cathedral

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

Huntington Williams, M.D.

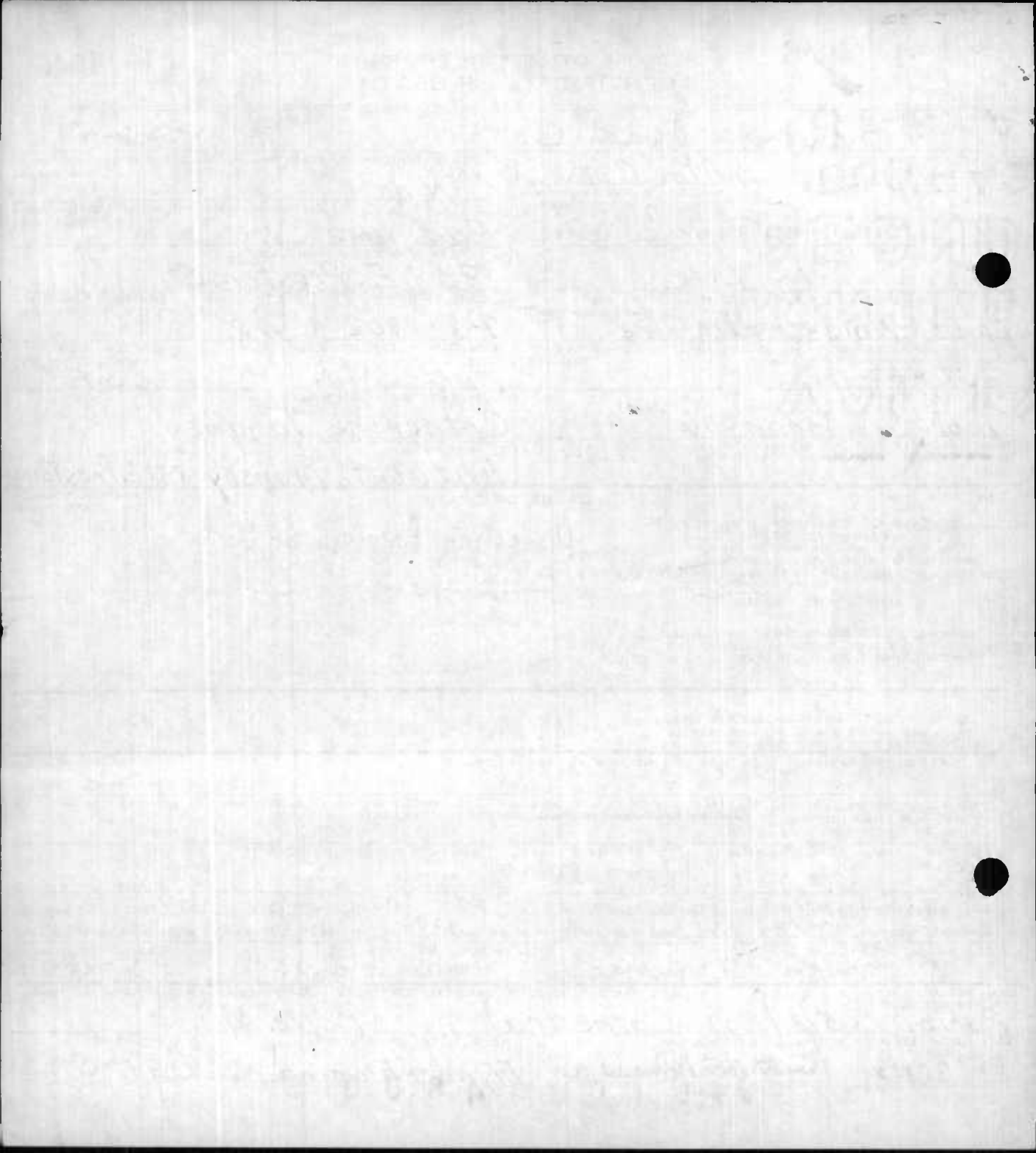
Flynn & Fleming 1426 Light St

VS 150

350

300

MEDICAL CERTIFICATION



350 51 4847

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4847
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER R. MADDEN

2. DATE
OF
DEATH May 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

4422 Buchanan Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday) 24
If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E974X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia due to hanging

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Shed in back of 4422 Buchanan Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
May 27, 1951 3:00 P. m.21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Hanged self from a rafter with a rope

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
May 28, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR
MAY 30 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-991X

164a ✓

MEDICAL CERTIFICATION

1947

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1947

No.		Date		Description		Amount	

51 4848

51 4848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James Johnson

2. DATE
OF
DEATH

5-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Ineray

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

C. CITY OR TOWN

Barto 3-02

D. STREET ADDRESS (If rural, give location)

804 E. Lombard

C. Length of stay in Baltimore

12 yrs

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-5-04

9. AGE (In years
last birthday)

46 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fla

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Owen Johnson

14. MOTHER'S MAIDEN NAME

Carrie Floyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-1-

16. SOCIAL
SECURITY NO.

17. INFORMANT?

ADDRESS

18.

150X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Massive upper G. T. hemorrhage

1/2 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Carcinoma of Esophagus

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1/2 hr

?

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5-51, 19, to 5-24-51, that I last saw the
deceased alive on 5-24-51, 19, and that death occurred at 7:50 PM, from the causes and on the date stated above.

23A. SIGNATURE

J. White

M. D.

23B. ADDRESS

Mersey Hosp.

23C. DATE SIGNED

5-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

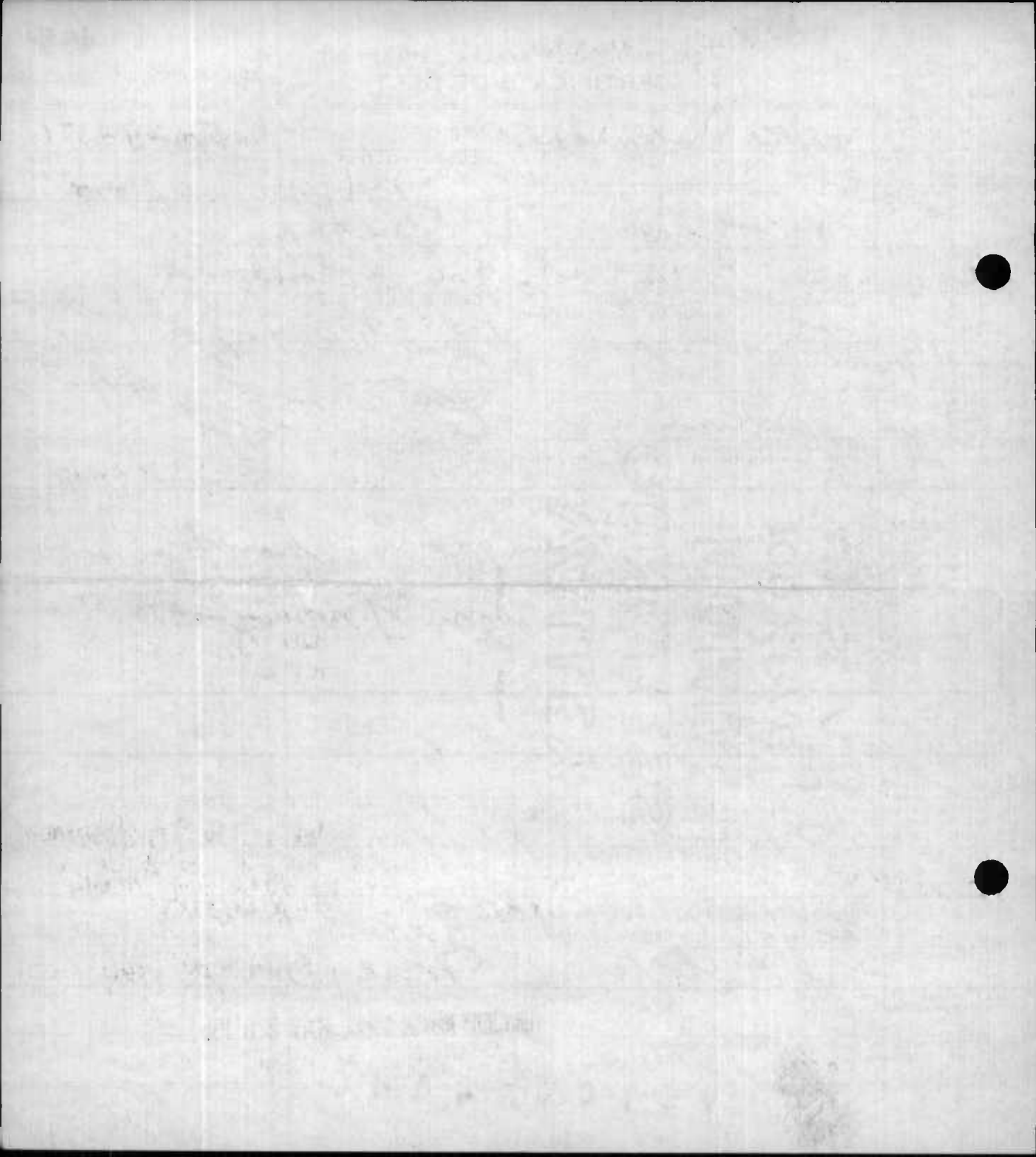
ADDRESS

UNIVERSITY MEDICAL SCHOOL MAY 28 1951

Commissioner of Health

VS 150

46a



R-410 51 4849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4849
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas

ROLPH

2. DATE
OF
DEATH

May 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

48 Market Place

4-01

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

84

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT

N

ADDRESS

18. 422-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
May 21, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 25 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

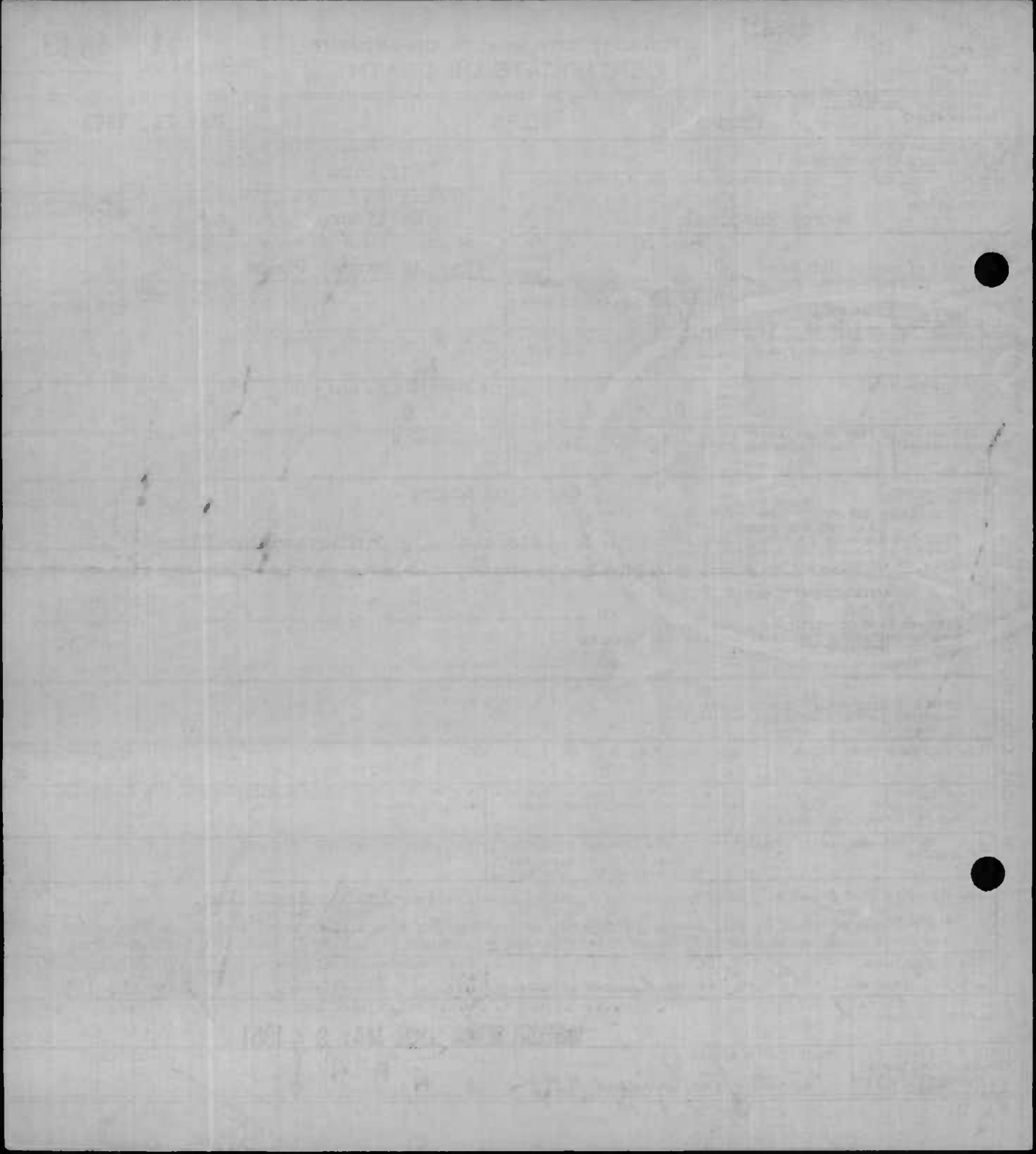
25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

V S 151

937



51 4850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Baby Boy Alexander

2. DATE
OF
DEATH

5-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

5/21/51

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

New born

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Alexander

14. MOTHER'S MAIDEN NAME

Lemise Clarke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lemise Alexander

18. 7620 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) _____

Adolectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

INTERVAL BETWEEN
ONSET AND DEATH

1 hour

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1951, to 5/22, 1951, that I last saw the deceased alive on 5/22, 1951, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. Hodey

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 28 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

640 51 4851

51 4851

REA-67147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Carroll

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

B. C. H. 4940 Eastern Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 6, 1864

9. AGE (in years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Carroll

14. MOTHER'S MAIDEN NAME

Margaret Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebrovascular Accident

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 or 5 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 1941, to 5-28, 1951, that I last saw the
deceased alive on 5-28, 1951, and that death occurred at 11:35A m., from the causes and on the date stated above.

23A. SIGNATURE

R. D. Wozen M. D.

23B. ADDRESS

4 940 Eastern Avenue

23C. DATE SIGNED

5-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
DATE RECEIVED BY
LOCAL REGISTRARMay 31/51
R. D. Wozen M. D.

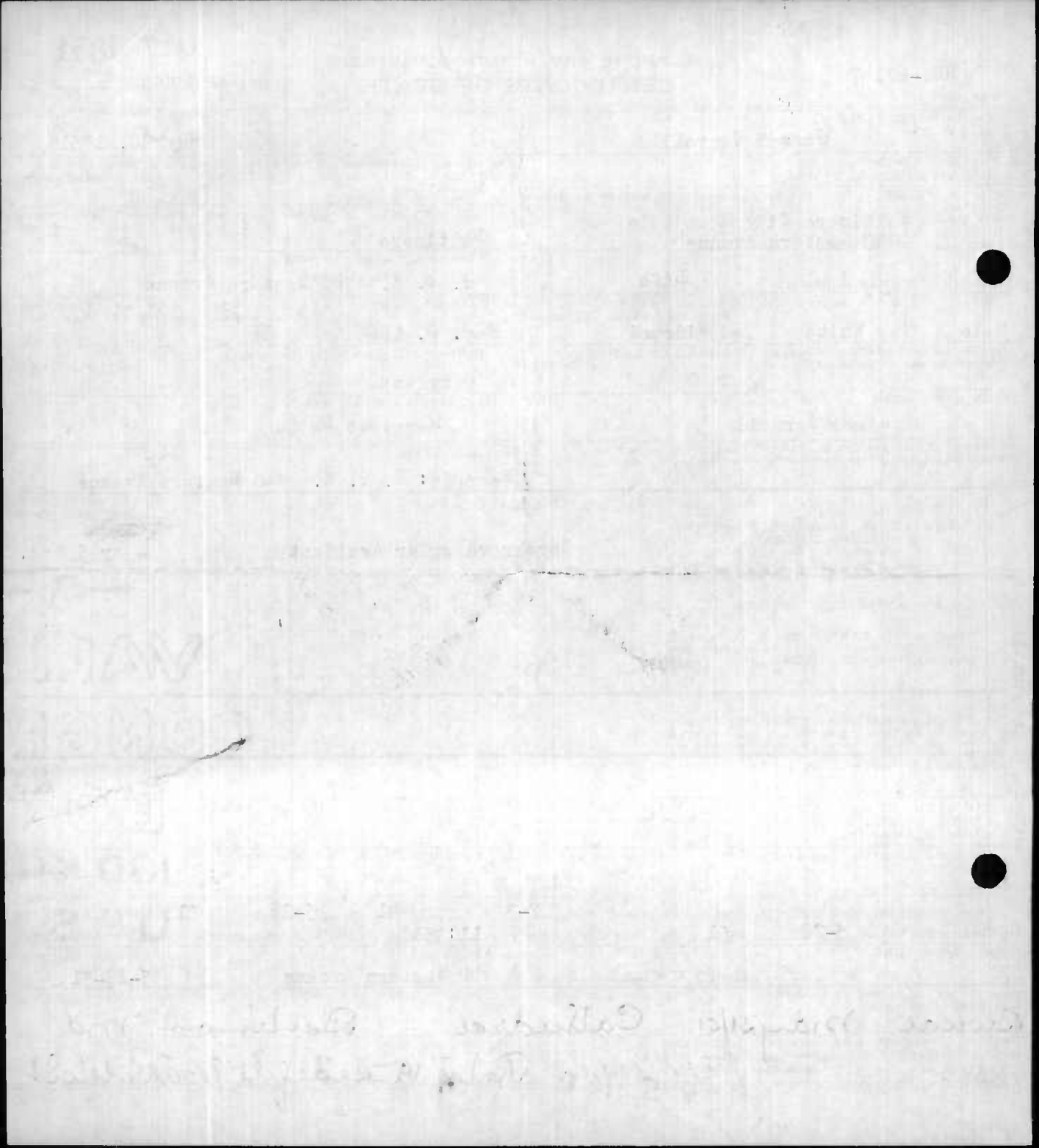
25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

VS 150

83a



400 51 4852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4852

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Juliana Kelly

2. DATE
OF
DEATH

May 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore.

22-01

D. STREET ADDRESS (If rural, give location)

125 W-Lee Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Religious.

8. DATE OF BIRTH

8-20-1897

9. AGE (in years

last birthday)

53

If Under 1 Year
Months: Days

9 9

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher.

10B. KIND OF BUSINESS OR
INDUSTRY

Religious.

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter

14. MOTHER'S MAIDEN NAME

Mary Connolly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

155X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Generalized Carcinomatosis
(LIVER probable primary site)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hepatic Insufficiency
Ascites

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 5/5/51, 19 to 5/29, 1951, that I last saw the
deceased alive on 5/29, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1951

M. E. Egan

401 SUFFOLK Rd

VS 150

093PV

46F

MEDICAL CERTIFICATION

See Document File 51-4852

6/13/51

ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4853**

BIRTH NO. **51 4853**

1. NAME OF DECEASED
(Type or Print)

Catherine M. Engelhardt.

2. DATE OF DEATH May 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3040 Remington Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3040 Remington Ave.

c. Length of stay in Baltimore Life

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

June 24, 1883

9. AGE (In years last birthday)

67

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George H. Biddison.

14. MOTHER'S MAIDEN NAME

Margaret Fink.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. Robert Engelhardt 3040 Remington

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

arterio sclerosis
Cerebral arterio sclerosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

chronic valv. heart Dis.

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 7, to 5/28, 1951, that I last saw the deceased alive on 5/27, 1951, and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 31/51

Parkwood

Taylor Ave, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 31 1951

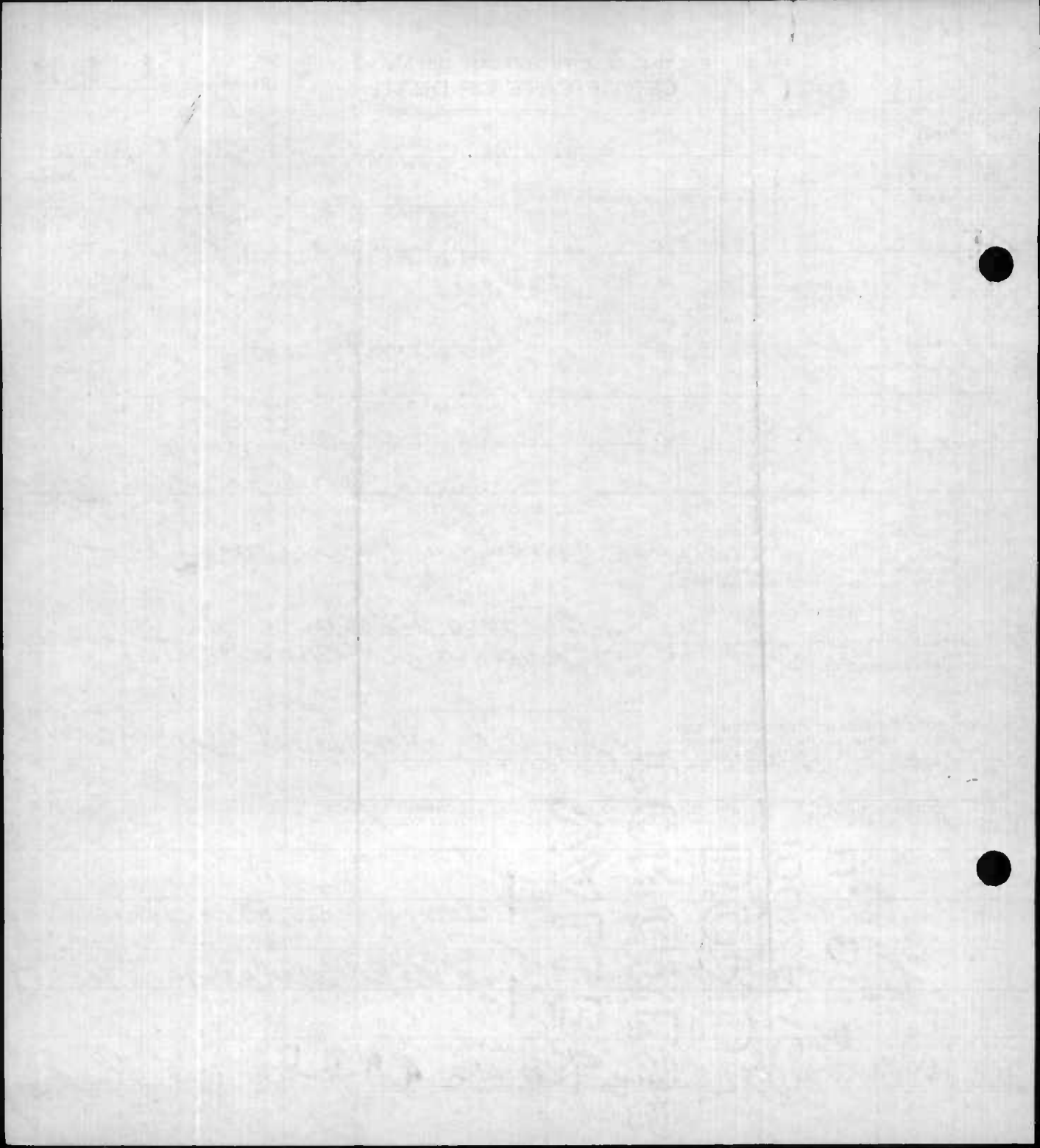
Wilmington Williams, Jr. Arthur E. Donovan 3818 Roland

VS 150

7208A

9/27

MEDICAL CERTIFICATION



520

51 4854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4854

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche Jones

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital (DCA)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

1823 Brent St

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

3/20/92

9. AGE (In years
last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Elizabeth Cousar 4636 W. 1st St

18. 760X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B)

Diabetes Mellitus

DUE TO

(C)

3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Wm. H. Kammer

M.D.

23b. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

May 28, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

5/31/51

St Peter

Balto. Ind.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 31 1951

Wm. H. Kammer

Wm. H. Nelson

1383 P. Street

V S 151

7208A

61

MEDICAL CERTIFICATION

320
51 4855BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4855

1. NAME OF DECEASED (Type or Print) Ettie Katz		2. DATE OF DEATH May 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Penna. B. COUNTY V-35	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Honesdale	
D. STREET ADDRESS (If rural, give location) 1422 N. Main ST.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 7, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70
13. FATHER'S NAME Leopold Fuerth		11. BIRTHPLACE (State or foreign country) Honesdale, Pa.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Rachael Frankel	
17. INFORMANT		ADDRESS	

18. 584X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peintenitis DUE TO (A)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute gangrenous Cholecystitis DUE TO (B)	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 5/30/51	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5/1, 1951 , to 5/30, 1951 , that I last saw the deceased alive on 5/30, 1951 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE William J. Trisker M.D.	23B. ADDRESS Sinai Hosp	23C. DATE SIGNED 5/30/51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 5/30/51	24C. NAME OF CEMETERY OR CREMATORY Carbondale, Penna.
24D. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR Wm. J. Trisker & Sons	

DATE RECEIVED BY LOCAL REGISTRAR
MAY 31 1951REGISTRAR'S SIGNATURE
Wm. J. Trisker & Sons

ADDRESS

Balto., 17, Md.

620

51 4856

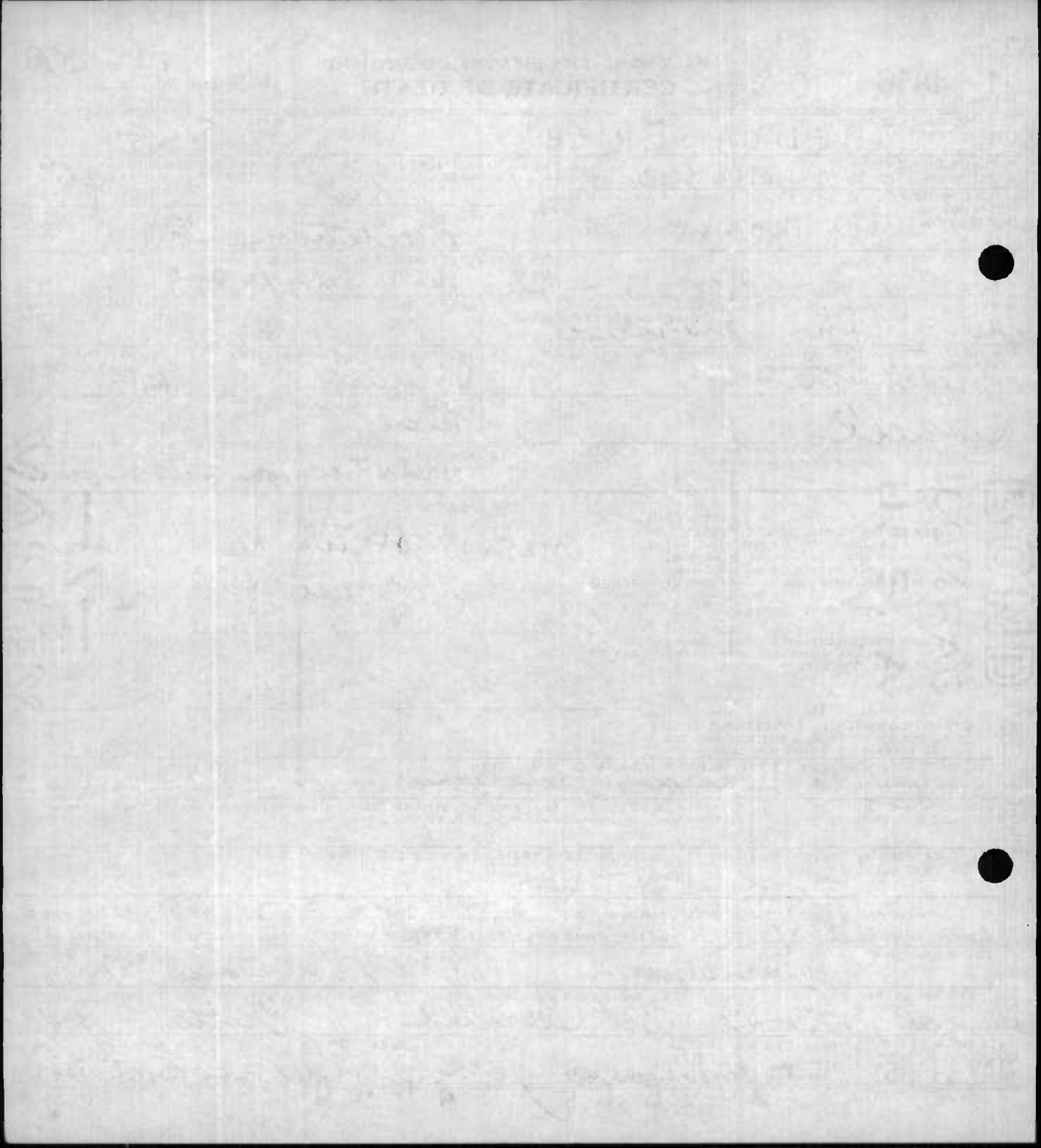
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4856
Registered No.

1. NAME OF DECEASED (Type or Print) THELMA ERICH			2. DATE OF DEATH 5/30/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3706 Northonia Rd			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 27-18		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Mount			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 2 mos 17 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3607 Lucille Ave		
5. SEX fm.	6. COLOR OR RACE wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH		9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? D.P.
13. FATHER'S NAME Israel		14. MOTHER'S MAIDEN NAME Riesl		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS David Feldman 2407 Linden Ave			

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastaticizing Ca of breast DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH about 2 1/2 yrs.
---	---

19A. DATE OF OPERATION January 1950		19B. MAJOR FINDINGS OF OPERATION Cancer of left breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/5/51 , 19 51 , to 5/27 , 19 51 , that I last saw the deceased alive on 5/21/ , 19 51 , and that death occurred at 4:40p m., from the causes and on the date stated above.					
23A. SIGNATURE R. Weintraub		23B. ADDRESS 912 Brooks Lane		23C. DATE SIGNED 5/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-31-51		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR ADDRESS Jack Lewis 2100 Eutan Rd			
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE Thurington Williams			



200
51 4857PIAZZO
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4857

1. NAME OF DECEASED (Type or Print) Jabe Prazz			2. DATE OF DEATH 5/14/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 27 W. Carroll St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Home			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 9-05		
C. Length of stay in Baltimore 2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3124 Loch Raven Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 2	8. DATE OF BIRTH	9. AGE (In years, last birthday) 81	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

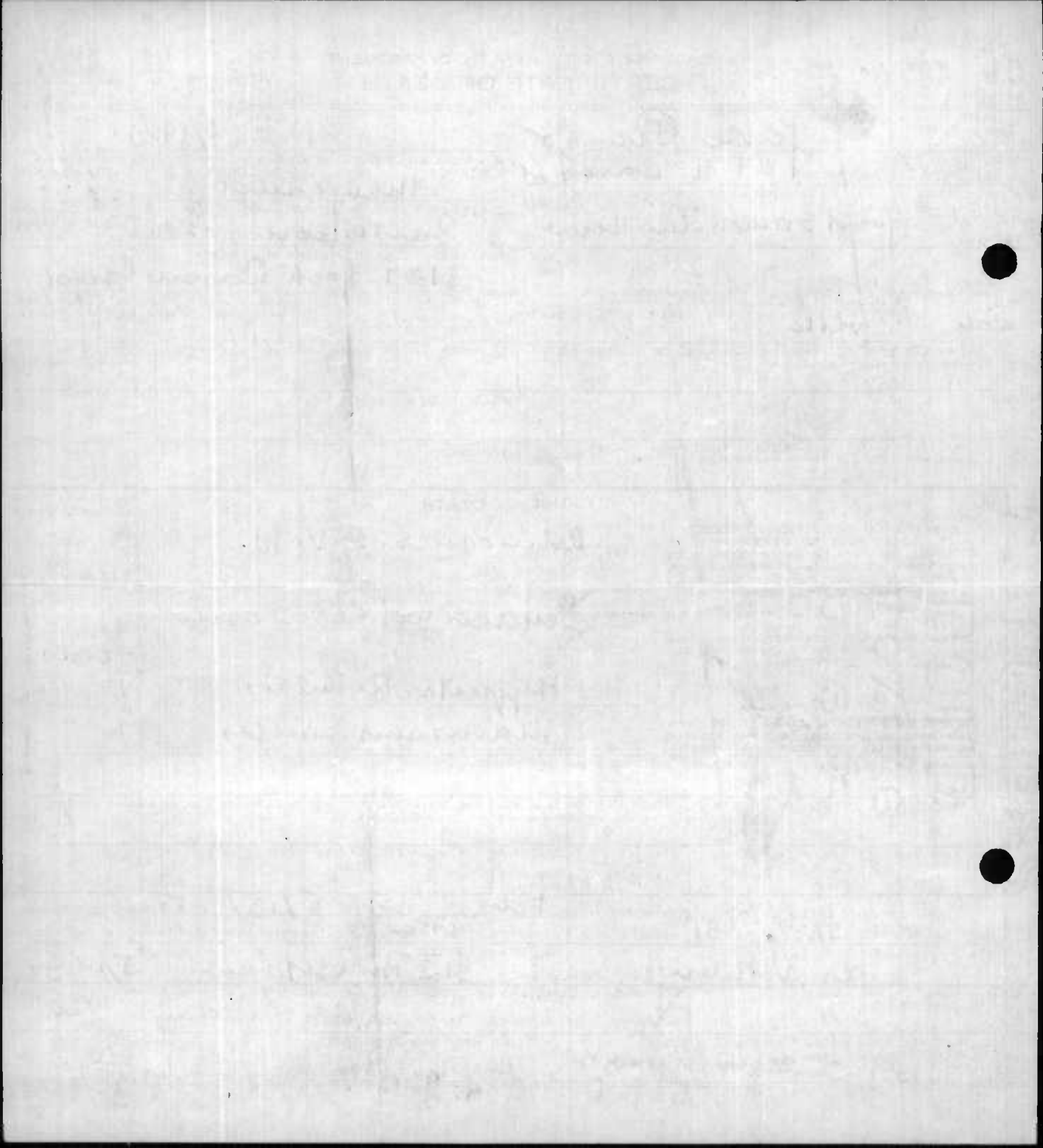
18. 477.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Arterioscler. O. V. D.	many years.
ANTECEDENT CAUSES	(B) Generalized Arterioscler.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Hypertn. Arterial & Marasmus senilis	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 5, 1951** to **5/13/1951** that I last saw the deceased alive on **5/13/51**, 19**51**, and that death occurred at **4:45 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE D. Weidinger	23B. ADDRESS 912 Brooker Lane	23C. DATE SIGNED 5/14/51
M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify) Embalmed	24B. DATE 5/14/51	24C. NAME OF CEMETERY OR CREMATORY Trinity of Maryland-Nick Sch., Baltimore, Md.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951	REGISTRAR'S SIGNATURE Arthur J. Williams	25. FUNERAL DIRECTOR Anthony Board (E. H. H. H. H.)	ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 4858

BIRTH NO. 51 4858

51-11490

1. NAME OF DECEASED (Type or Print) Infant Deane			2. DATE OF DEATH May 21, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 717 North Carrollton Avenue		
7. SEX Male	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH 5-21-51		11. AGE (In years last birthday) 3 Under 1 Year Months: Days 6 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Archibald Deane			14. MOTHER'S MAIDEN NAME Beatrice Young (567440)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Hospital Records	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Immaturity DUE TO (B) Premature Labor DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-21 , 19 51 , to 5-21 , 19 51 , that I last saw the deceased alive on 5-21 , 19 51 , and that death occurred at 9:35 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE George W. Corner Jr.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 5-21-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hope Burial	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)			

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
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400
51 4859 51-11274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4859

BIRTH NO. 51-11274

1. NAME OF DECEASED (Type or Print) *Baby Girl Cole*

2. DATE OF DEATH *May 17, 1951*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Md* B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 24-04

7. STREET ADDRESS (If rural, give location)
1516 Henry St

8. LENGTH OF STAY IN BALTIMORE
Yrs. Mos. Days

9. SEX *Female* 10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *5-16-51*

13. AGE (In years last birthday) *74* Months Days Hours Min.

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country) *Md*

17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME *David Cole*

19. MOTHER'S MAIDEN NAME

20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

21. SOCIAL SECURITY NO.

22. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS

18. *761.5* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Prematurity*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Premature separation of placenta*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/16*, 19*51*, to *5/17*, 19*51*, that I last saw the deceased alive on *5/17*, 19*51*, and that death occurred at *7 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Lee W. Bass* M.D.

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *5/18/51*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY *Forest Burial*

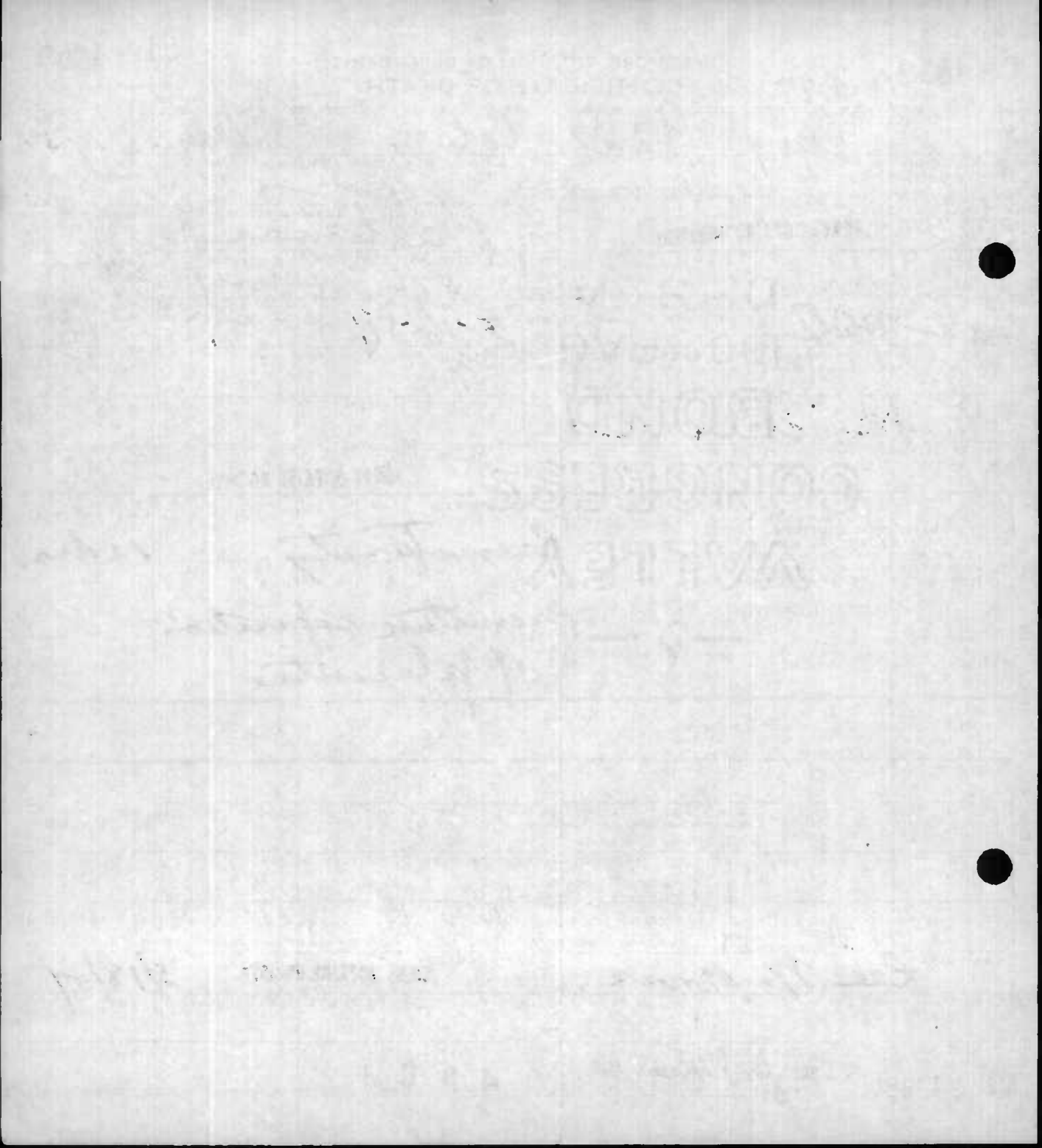
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *MAY 31 1951*

REGISTRAR'S SIGNATURE *Wilmington, Delaware*

25. FUNERAL DIRECTOR

ADDRESS



1. NAME OF DECEASED (Type or Print) Baby Boy "A" Eiler		2. DATE OF DEATH May 23, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MD b. COUNTY 5	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 26-05	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 518 Quail St	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5-22-51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. PLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Eiler		14. MOTHER'S MAIDEN NAME Shirley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/22, 1951**, to **5/23, 1951**, that I last saw the deceased alive on **5/23, 1951**, and that death occurred at **11:45 AM**, from the causes and on the date stated above.

23A. SIGNATURE Lee M. Buss	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 5/23/51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Hof Disposal
24D. LOCATION (City, town, or county) (State)		

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 4861BIRTH NO. 51 48611. NAME OF DECEASED
(Type or Print) Baby Boy "B" Eiler2. DATE
OF
DEATH May 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland H. L. H. Penn

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION JONES HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, give RURAL and give township) BaltimoreD. STREET ADDRESS (If rural, give location) 518 Dinsail St

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX Male6. COLOR OR RACE W.7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child8. DATE OF BIRTH 5-22-51

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Eiler14. MOTHER'S MAIDEN NAME Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JONES HOPKINS HOSPITAL

ADDRESS

18. 776x CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)INTERVAL BETWEEN ONSET AND DEATH 1 dayII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22-, 1951, to 5-23-, 1951, that I last saw the deceased alive on 5-23-, 1951, and that death occurred at 10:20 a.m., from the causes and on the date stated above.23A. SIGNATURE Lee W. Bass

M. D.

23B. ADDRESS JONES HOPKINS HOSPITAL23C. DATE SIGNED 5/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

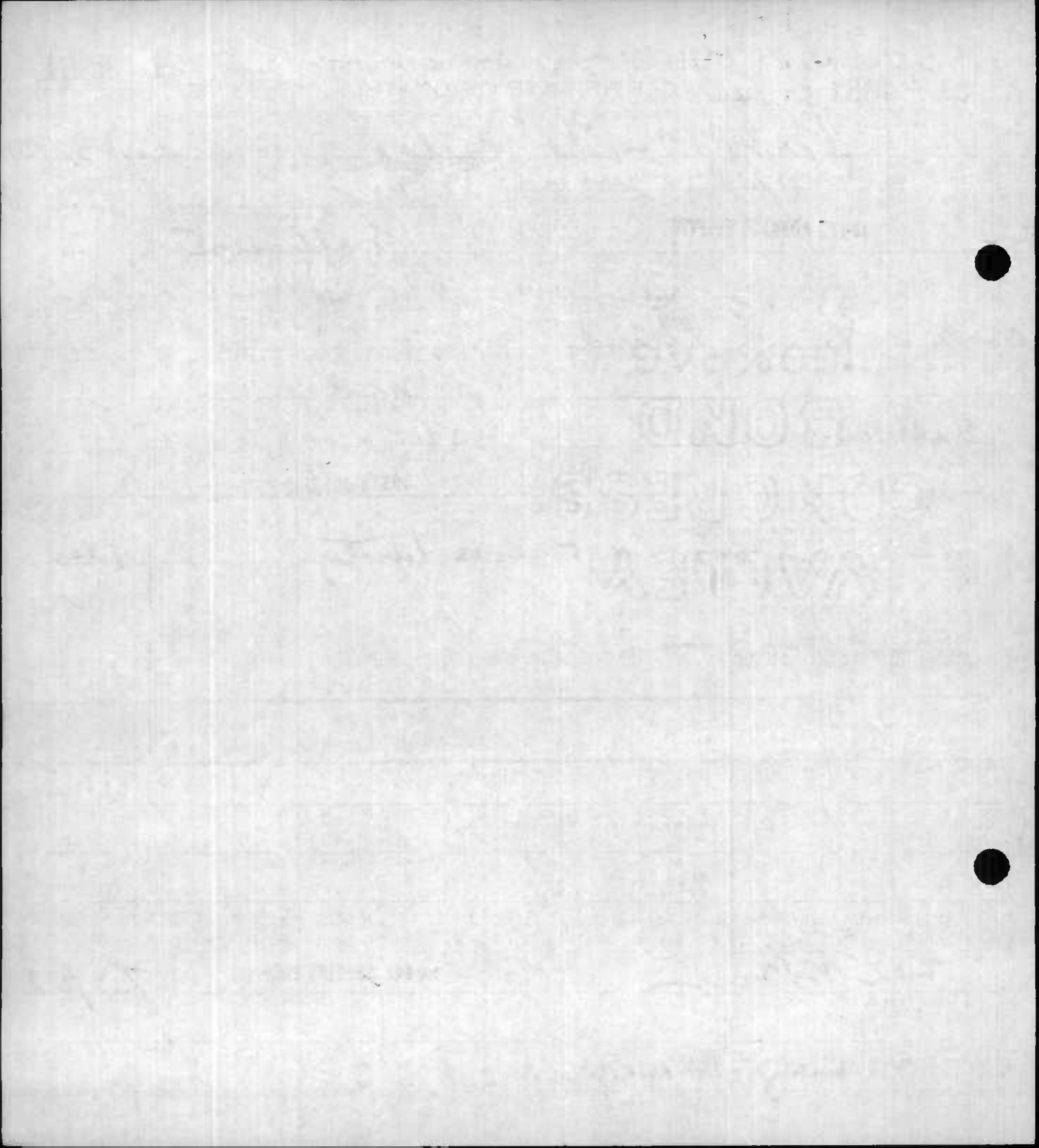
24B. DATE

24C. NAME OF CEMETERY OR CREMATORY Hope Cemetery

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR
MAY 31 1951REGISTRAR'S SIGNATURE Thurston Williams25. FUNERAL DIRECTOR 4853

ADDRESS



450
51 4862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4862
Registered No.

1. NAME OF DECEASED (Type or Print) Infant ("A") Kellum			2. DATE OF DEATH May 22, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2901 Matthews Street		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-21-51	9. AGE (In years last birthday) 1	If Under 1 Year Months: Days: 1 If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Bernard Kellum			14. MOTHER'S MAIDEN NAME Ianthye Mitchell (361962)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital Records			ADDRESS		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Immunaturity	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Premature labor	(A) DUE TO (B) DUE TO (C) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Multiple Pregnancy-Twins		

19A. DATE OF OPERATION 5-21		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-21 , 51 , to 5-22 , 1951 , that I last saw the deceased alive on 5-22 , 1951 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE George W. Corner, Jr.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 5-24-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Harv. Burial	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)		25. FUNERAL DIRECTOR	

11-11-11

450

BIRTH NO. 4863 51-11495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4863

Registered No. _____

1. NAME OF DECEASED (Type or Print) Infant ("B")			2. DATE OF DEATH May 22, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2901 Matthews Street		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-21-51		9. AGE (In years last birthday) 7 Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Bernard Kellum			14. MOTHER'S MAIDEN NAME Tanthy Mitchell (361962)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Hospital Records	

18. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Immunaturity		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Premature labor		
DUE TO		
DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Multiple pregnancy - twins		
19A. DATE OF OPERATION 5-21	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-21**, 19 **51** to **5-22**, 19 **51**, that I last saw the deceased alive on **5-22**, 19 **51** and that death occurred at **12:35 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE George W. Corner Jr.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 5-24-51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Forest Home	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY MAY 31 1951		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR ADDRESS

Exhibit
under seal

Exhibit 1

Exhibit 2

Exhibit 3

366
4864BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4864
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		William G. Ketterer		May 28/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 16-06			
5. FULL NAME OF HOSPITAL OR INSTITUTION 705 Rosedale St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Length of stay in Baltimore 37 yrs		D. STREET ADDRESS (If rural, give location) 705 Rosedale St			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 7, 1882	9. AGE (in years birthday) 69	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plumber		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pa.	
13. FATHER'S NAME Leopold Ketterer		14. MOTHER'S MAIDEN NAME Louisa Kupperschmidt		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Marie W. Ketterer, 705 Rosedale St	
18. 181X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Uremia DUE TO Carcinoma of the Urinary Bladder (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH week 18 months		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Nov 1950 April 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Urinary Bladder Inoperable		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1944 to May, 1951, that I last saw the deceased alive on 28 May, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE J. E. Smith		23B. ADDRESS M. D. 3534 Edmondson Ave		23C. DATE SIGNED 29 May 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 31/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park, 3801 Frederick Rd. Bal to. 29, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE L. E. Williams, M.D.		25. FUNERAL DIRECTOR Harry H. Whitely ADDRESS 4101 Edmondson Ave.	

0713

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 4865
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALLEN LESTER SCHULTHEIS			2. DATE OF DEATH May 29, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1500 N. Collington Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-11-1904		9. AGE (In years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Paint	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry A. Schultheis			14. MOTHER'S MAIDEN NAME Hattie H. Borchers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Ruth E. Schultheis (wife) Balto. Md.		

18. E816.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull (A) XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Contusion of brain DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) McEldery and Chester Streets	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 27, 1951 5:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Driver of auto in an auto and truck collision	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. B. Baker</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED May 30, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June-1-1951		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE <i>Stewart & Mowen Co.</i>		25. FUNERAL DIRECTOR'S ADDRESS 108 W. North Avenue	

400
51 4866BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4866

1. NAME OF DECEASED
(Type or Print)

Mrs. Augusta L. Bailey

2. DATE
OF
DEATH

May 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3301 St. Paul St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec 20, 1888

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hessman Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Niescher

14. MOTHER'S MAIDEN NAME

Matilda Heise

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Husband

ADDRESS

Same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cormay + thrombosis

3 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Rheumatic heart disease

7 years

(C) DUE TO

Atherosclerotic heart disease

7 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1951, to May 29, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 7:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hospital
Baltimore 18, Maryland

23C. DATE SIGNED

May 29, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 1-1951

24C. NAME OF CEMETERY OR CREMATORY

Rock Run Cemetery

24D. LOCATION (City, town, or county) (State)

Harford Co., Maryland.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 31 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart & Mowen Co., 108 W. North Ave.

VS 150

City #1.

92D

MEDICAL CERTIFICATION

9

216

4867

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4867

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George S. Osborne*2. DATE
OF
DEATH*5/28/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

B. FULL NAME OF (If not in hospital or institution, give street address or location)

6028 Old Harford Rd

D. STREET ADDRESS (If rural, give location)

6028 Harford Rd

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *447X*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

*Uremia**5/10/51*

DUE TO

(B)

*Arteriosclerosis**1945*

DUE TO

(C)

*Hypertension**1945*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *Feb 1946*, to *5/28*, 19*51*, that I last saw the
deceased alive on *5/25/51*, and that death occurred at *6:00 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

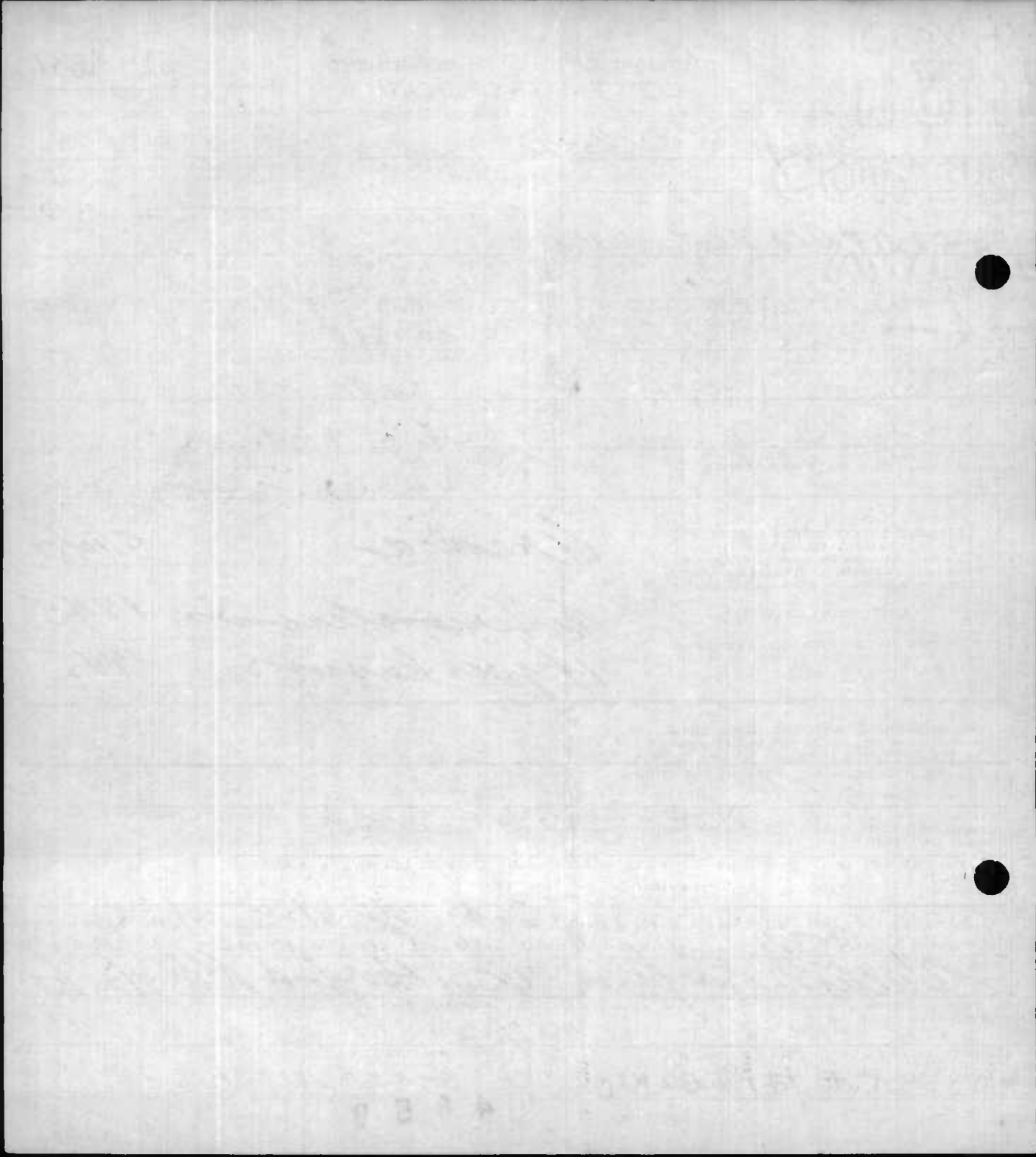
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 31 1951**Wm Cook Inc. 1217 St. Paul St.*



421
51 4868BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4868

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph E. Zollikoffer

2. DATE
OF
DEATH

5/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

37 Mercy Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2742 Riggis Ave

Length of stay in Baltimore

47

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

SEPT. 29, 1904

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAKER

10B. KIND OF BUSINESS OR
INDUSTRY

BALTA TRANSIT CO

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

LABONAL

14. MOTHER'S MAIDEN NAME

MARY BERRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

213-10-3017 Hosp. Records

17. INFORMANT

ADDRESS

18.

163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA OF Lung

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29/51, 19__, to 5/29/51, 19__, that I last saw the
deceased alive on 5/29, 19__, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Dubuque

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

5/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/1/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 31 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. A. G. G. G.

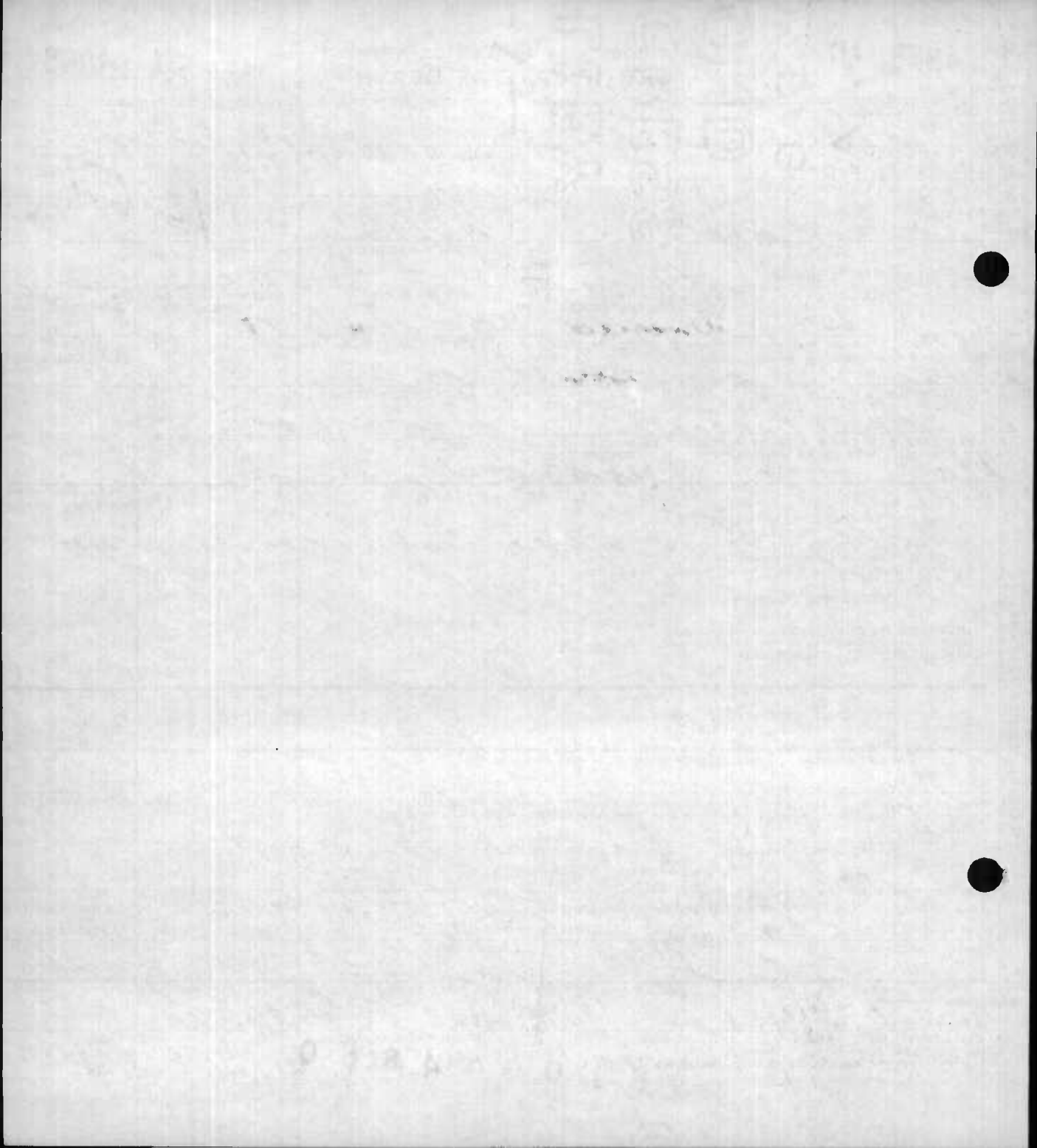
ADDRESS

217 St. Paul St

VS 150

930 51

47D



220
51 4869BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4869

1. NAME OF DECEASED (Type or Print) <i>Catherine M. Busick</i>		2. DATE OF DEATH <i>May 30, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6304 Elinore Ave</i>		4. USUAL RESIDENCE (Where deceased lived, institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>27-05</i>	
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>6304 Elinore Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 19, 1866</i>
9. AGE (In years last birthday) <i>84</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME <i>Henry Aull</i>		12. MOTHER'S MAIDEN NAME <i>Magdaline Krause</i>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		14. SOCIAL SECURITY NO.	
15. ADDRESS		16. INFORMANT <i>Mrs. Albert Buehler</i>	
17. CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized carcinoma</i> DUE TO <i>Carcinoma of uterus</i> DUE TO <i>Antecedent causes</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i> <i>5 yr.</i>	
19A. DATE OF OPERATION <i>Mar. 1450</i>		19B. MAJOR FINDINGS OF OPERATION <i>Generalized adenocarcinoma from primary carcinoma of uterus</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>June 1946</i> , to <i>May 30, 1951</i> , that I last saw the deceased alive on <i>May 20, 1951</i> , and that death occurred at <i>7:35 P. m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>Adam Givers</i>		23B. ADDRESS <i>6222 Belair Road</i>	
23C. DATE SIGNED <i>May 31, 1951</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>June 2, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md.</i>		25. FUNERAL DIRECTOR <i>Lipschitz Funeral Home</i>	
25. ADDRESS <i>7401 Belair Rd.</i>		VS 150	

MEDICAL CERTIFICATION

48 B

CERTIFICATE OF DEATH

1912

1912

W



435
ND-147997 4870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4870

1. NAME OF DECEASED (Type or Print) Agnes Poldeman			2. DATE OF DEATH May 29, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write M.R.L. and give township) Baltimore		
C. Length of stay in Baltimore 1 1/2 Yrs.			D. STREET ADDRESS (If rural, give location) 621 S. Rappolla St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 31, 1874	9. AGE (in years last birthday) 76	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Estonia		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			ADDRESS		

18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Uremia		DUE TO		6 Days	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypostatic Bronchopneumonia		3 Days	
		(C) Intertrochanteric Fracture rt. Femur		4 Wks.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		CERTIFICATION APPROVED BY <i>William Wood</i> M.D. CHIEF OR ASST. MEDICAL EXAMINER			

19A. DATE OF OPERATION 5-1-51		19B. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture rt. femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 621 S. Rappolla St.	
21D. TIME (Month) (Day) (Year) (Hour) 4-26-51		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell to floor	
22. I hereby certify that I attended the deceased from 4-26 , 19 51 to 5-29 , 19 51 , that I last saw the deceased alive on 5-29 , 19 51 and that death occurred at 9:55 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. S. Chazen</i> M.D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-30-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 2, 1951		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Taylor Ave Balto Md.		25. FUNERAL DIRECTOR L. J. General Home		ADDRESS 7401 Belair Rd.	

DATE RECEIVED BY LOCAL REGISTRAR **MAY 31 1951**
VS 150
N-821.0
To Be Approved By Medical Examiner
186a

City Morgue

340
1 4871BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

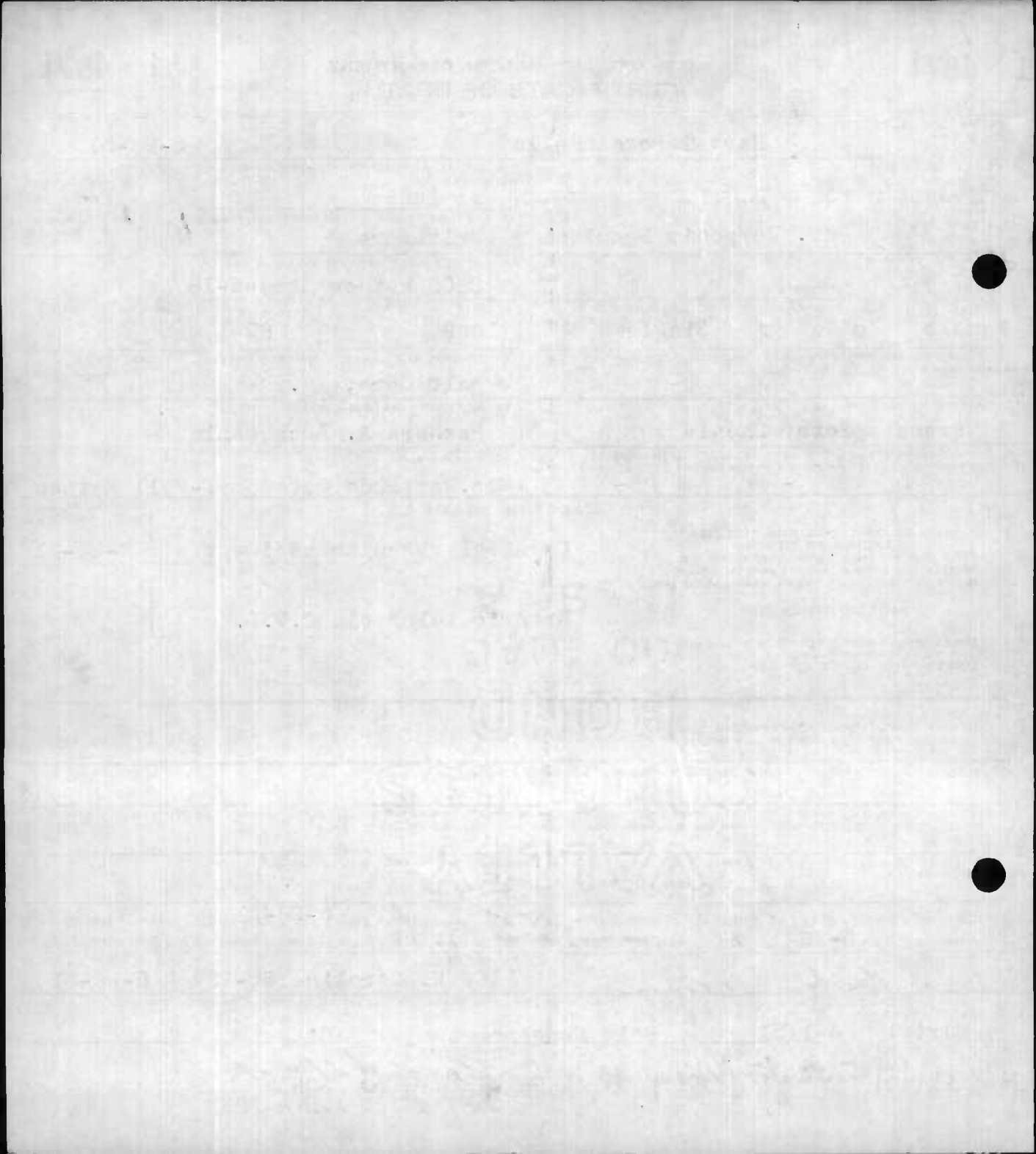
Registered No. 51 4871

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Teresa Shetla		2. DATE OF DEATH 5-28-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Josph's Hospital		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2809 Mathew Street-18	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 82
11. BIRTHPLACE (State or foreign country) Balti more, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Francis Peter Shetla		14. MOTHER'S MAIDEN NAME Barbara A. Lochboehler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mrs. Gertrude Ostendorf		ADDRESS 2811 Mathew S	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident DUE TO ANTECEDENT CAUSES Arterio scleretic C.V.D. DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 5-23-51
--	--	--

19A. DATE OF OPERATION 5-28-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-20 , 19 51 , to 5-28-51 , 19 51 , that I last saw the deceased alive on 5-28 , 19 51 , and that death occurred at 11:15 P. , from the causes and on the date stated above.				
23A. SIGNATURE <i>W. J. [Signature]</i>		23B. ADDRESS 1400 N. Caroline St-13		23C. DATE SIGNED 5-28-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-1/51	24C. NAME OF CEMETERY, OR CREMATORY Holy Redeemer Cem	24D. LOCATION (City, town, or county) (State) City	
DATE RECEIVED BY MAY 31 1951		REGISTRAR'S SIGNATURE <i>W. J. [Signature]</i>		25. FUNERAL DIRECTOR WIEDEFELD & SON GREENMOUNT AVE & 22ND



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1 4872

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

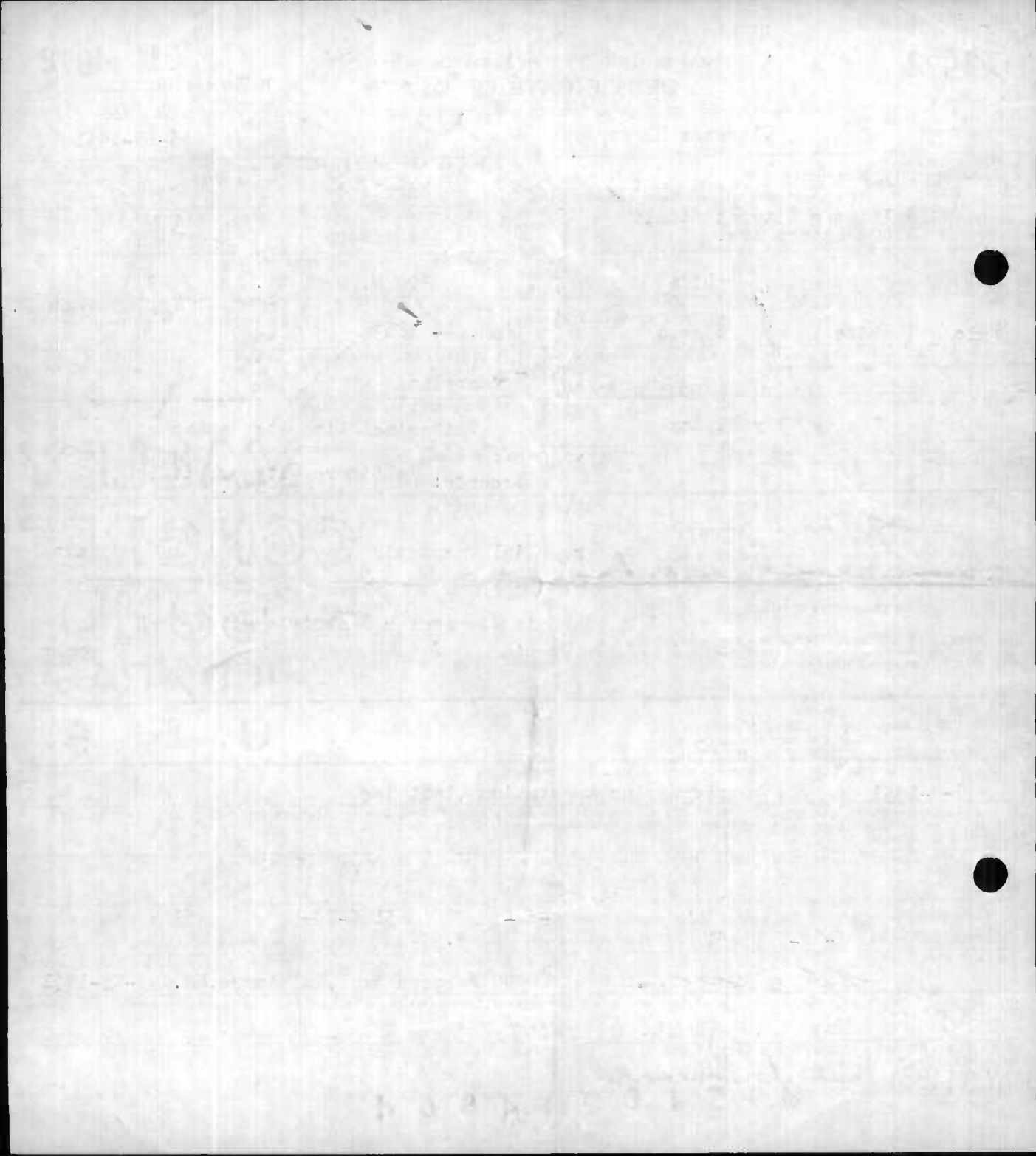
51 4872
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Clarence Blaney		2. DATE OF DEATH 5-28-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 104 W. West St. zone 23			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 4- 1883	9. AGE (in years last birthday) 68	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10B. KIND OF BUSINESS OR INDUSTRY Kotmair's Tavern		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Harry Clay Blaney		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Catherine Elizabeth Dauner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	

18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchial Pneumonia DUE TO (B) Chronic Glomerular Nephritis with Uremia DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-4-1951		19B. MAJOR FINDINGS OF OPERATION Supracondylar Amputation, left leg		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-26 , 19 51 , to 5-28 , 19 51 , that I last saw the deceased alive on 5-28 , 19 51 , and that death occurred at 9.55 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE P. D. Clogen		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 5-28-1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 31, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24D. LOCATION (City, town, or county) (State) Frederick Rs. Balto Md.		25. FUNERAL DIRECTOR KRAUSE FUNERAL HOME		25. FUNERAL DIRECTOR ADDRESS 1216 S. Charles St.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE W. J. Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS 1216 S. Charles St.	

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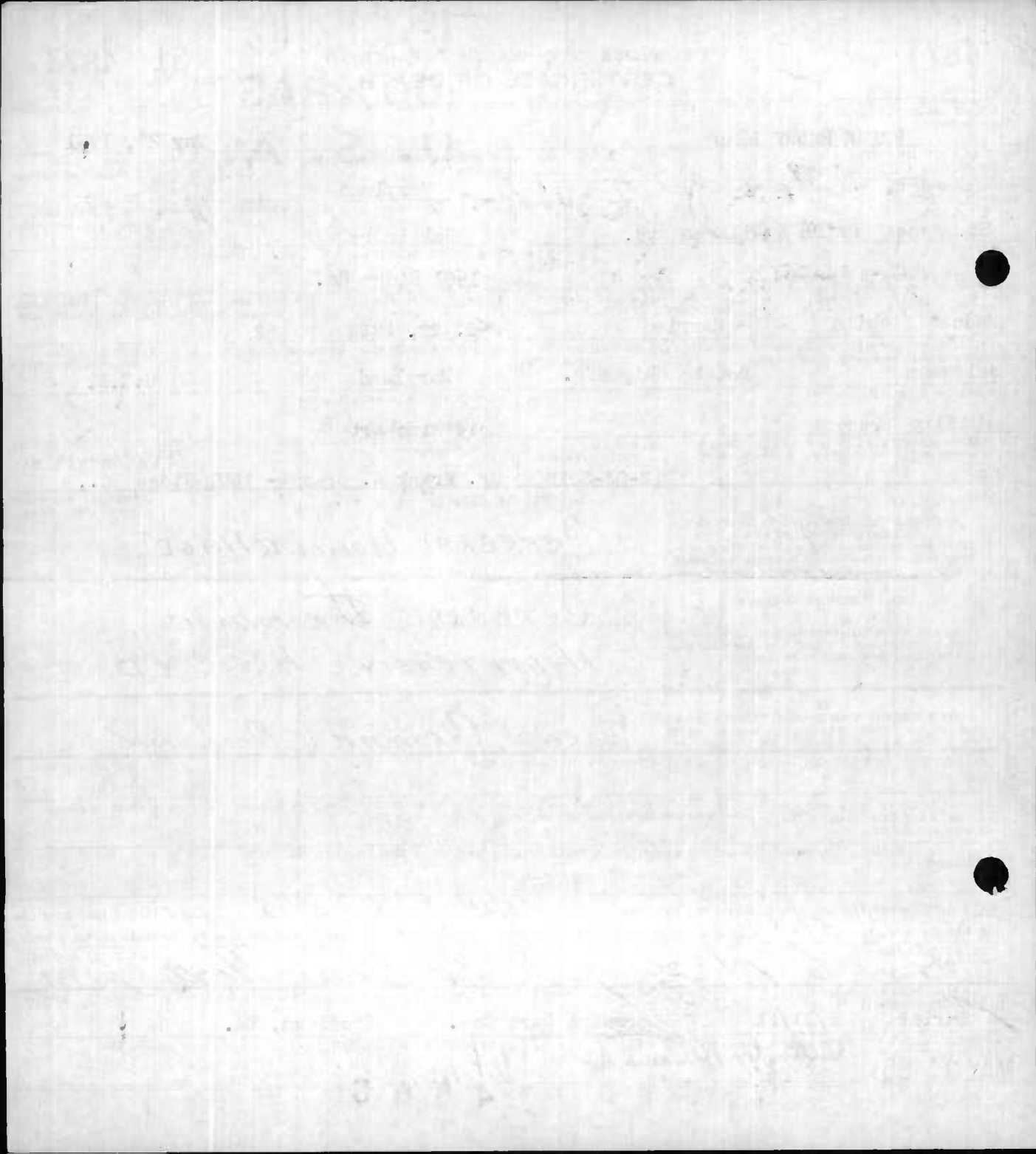
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4873

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FRANK HENRY BRADY		2. DATE OF DEATH May 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Caton & Wilkens Ave.		D. STREET ADDRESS (If rural, give location) 1501 Ridge Rd.		5. AGE (In years last birthday) 52 # Under 1 Year Months: Days # Under 24 Hours Hours: Min.	
C. Length of stay in Baltimore		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
5. SEX Male		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Potato Chip Mfg.	
13. FATHER'S NAME Phillip Brady		14. MOTHER'S MAIDEN NAME Rose Rinehart		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-03-3019		17. INFORMANT ADDRESS Mr. Frank A. Brady - 1501 Ridge Rd., Catonsville	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Cerebral Thrombosis DUE TO (C) Hypertensive H.S.C.V.D.		INTERVAL BETWEEN ONSET AND DEATH	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Recent Coronary Occlusion		19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/24 , 19 51 , to 5/28 , 19 51 , that I last saw the deceased alive on 5/28 , 19 51 , and that death occurred at 10:15 AM. , from the causes and on the date stated above.					
23A. SIGNATURE John C. Brady		23B. ADDRESS St. Agnes Hosp		23C. DATE SIGNED 5/28/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/21/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR St. Agnes Hosp		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR St. Agnes Hosp	

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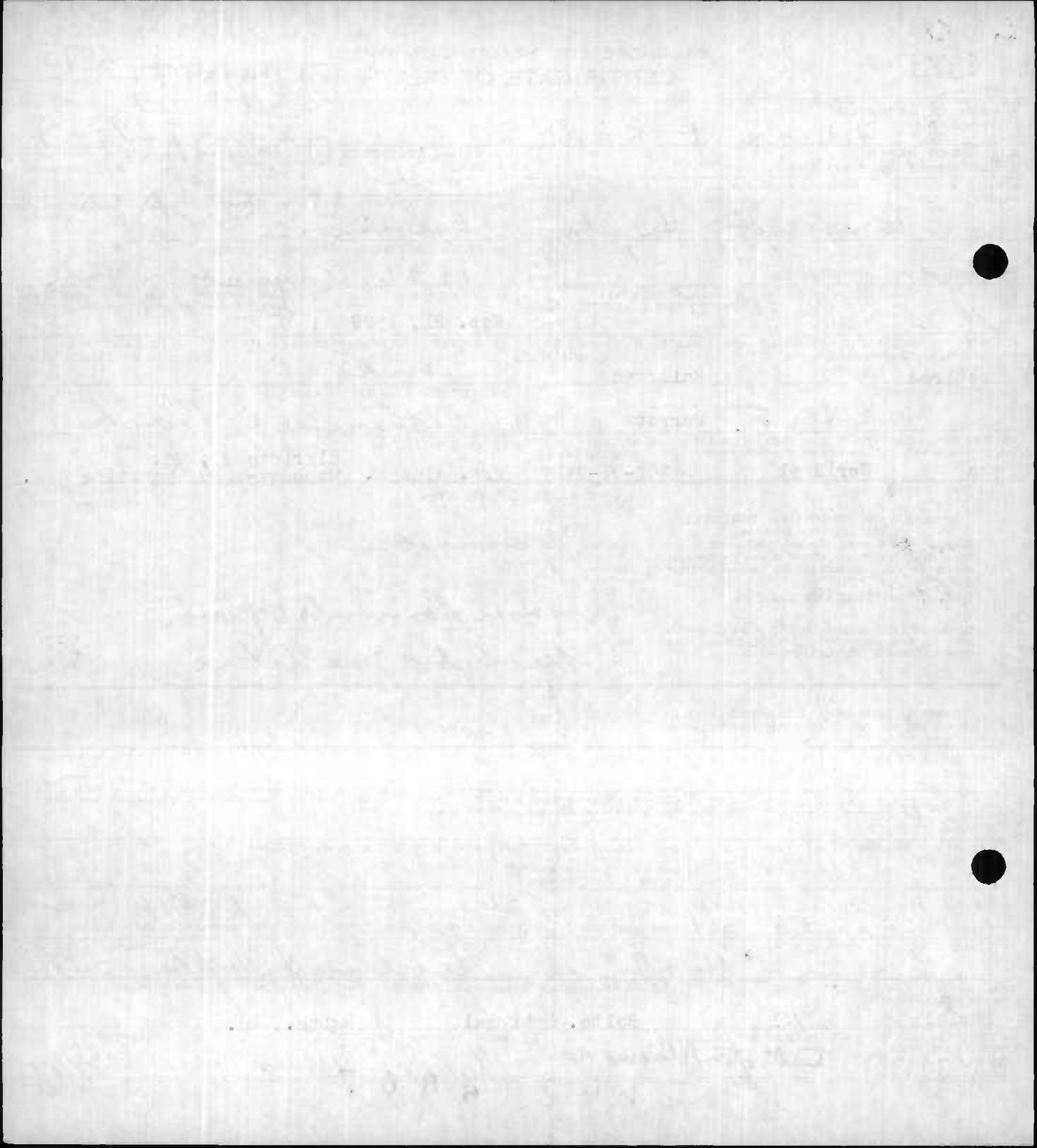
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530 51 4874	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	51 4874 Registered No.
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) A. KLIBER SMOOT		2. DATE OF DEATH May 29, 1951
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. CITY OR TOWN Baltimore c. STREET ADDRESS (If rural, give location) 13 S. Smallwood St.
b. FULL NAME OF HOSPITAL OR INSTITUTION 13 S. Smallwood St.		
c. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lineman		10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.
13. FATHER'S NAME Benjamin B. Smoot		14. MOTHER'S MAIDEN NAME Mary Jane Balderson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-05-C908
17. INFORMANT Mrs. Ann E. Smoot - 13 S. Smallwood St.		18. CITIZEN OF WHAT COUNTRY? Virginia
18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis DUE TO Chronic Nephritis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Aug 17, 1950 , to May 29, 1951 , that I last saw the deceased alive on May 29, 1951 , and that death occurred at 9:50 p.m. , from the causes and on the date stated above.		
23a. SIGNATURE George E. Shannon	23b. ADDRESS 820 Medical Arts Bldg.	23c. DATE SIGNED 5/30/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/2/51	24c. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.
24d. LOCATION (City, town, or county) (State) Balton Co., Md.		
25. FUNERAL DIRECTOR James J. Vickers & Sons	ADDRESS Baltimore, Md.	
MAY 31 1951 VS 150 540 5A 131 B		

THE STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Funeral Home	
13. Name of Coroner		14. Name of Medical Examiner		15. Name of Pathologist		16. Name of Anatomist	
17. Name of Registrar		18. Name of Clerk		19. Name of Nurse		20. Name of Embalmer	
21. Name of Burial Place		22. Name of Funeral Home		23. Name of Coroner		24. Name of Medical Examiner	
25. Name of Pathologist		26. Name of Anatomist		27. Name of Registrar		28. Name of Clerk	
29. Name of Nurse		30. Name of Embalmer		31. Name of Burial Place		32. Name of Funeral Home	
33. Name of Coroner		34. Name of Medical Examiner		35. Name of Pathologist		36. Name of Anatomist	
37. Name of Registrar		38. Name of Clerk		39. Name of Nurse		40. Name of Embalmer	
41. Name of Burial Place		42. Name of Funeral Home		43. Name of Coroner		44. Name of Medical Examiner	
45. Name of Pathologist		46. Name of Anatomist		47. Name of Registrar		48. Name of Clerk	
49. Name of Nurse		50. Name of Embalmer		51. Name of Burial Place		52. Name of Funeral Home	
53. Name of Coroner		54. Name of Medical Examiner		55. Name of Pathologist		56. Name of Anatomist	
57. Name of Registrar		58. Name of Clerk		59. Name of Nurse		60. Name of Embalmer	
61. Name of Burial Place		62. Name of Funeral Home		63. Name of Coroner		64. Name of Medical Examiner	
65. Name of Pathologist		66. Name of Anatomist		67. Name of Registrar		68. Name of Clerk	
69. Name of Nurse		70. Name of Embalmer		71. Name of Burial Place		72. Name of Funeral Home	
73. Name of Coroner		74. Name of Medical Examiner		75. Name of Pathologist		76. Name of Anatomist	
77. Name of Registrar		78. Name of Clerk		79. Name of Nurse		80. Name of Embalmer	
81. Name of Burial Place		82. Name of Funeral Home		83. Name of Coroner		84. Name of Medical Examiner	
85. Name of Pathologist		86. Name of Anatomist		87. Name of Registrar		88. Name of Clerk	
89. Name of Nurse		90. Name of Embalmer		91. Name of Burial Place		92. Name of Funeral Home	
93. Name of Coroner		94. Name of Medical Examiner		95. Name of Pathologist		96. Name of Anatomist	
97. Name of Registrar		98. Name of Clerk		99. Name of Nurse		100. Name of Embalmer	



410
4876BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4876

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Otto Wolfe

2. DATE
OF
DEATH

5/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write FULL and give township)

Ches Md 8-05

D. STREET ADDRESS (If rural, give location)

1617 Clifton Ave

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 9-1896

9. AGE (In years
last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Printer U.S. Government

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Wolf

14. MOTHER'S MAIDEN NAME

Emma

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Wolf 1617 Clifton Ave

18. 4/20/51

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Artery Disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Chubinski

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

5/30/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/2/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 31 1951

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

5305 Bayford Rd

ADDRESS

VS 151

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1 4877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4877
Registered No.

1. NAME OF DECEASED (Type or Print) ANNA M. PONTIOUS			2. DATE OF DEATH 5-30-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Agnes' Hospital			C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township) Baltimore		
C. Length of stay in Baltimore Yrs. 40 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) Kirkleigh Villa		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 2-24-1868	9. AGE (in years last birthday) 83	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Registered Nurse			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Phoysius F. Orndorff			11. BIRTHPLACE (State or foreign country) Taneytown Md		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			12. CITIZEN OF WHAT COUNTRY? USA		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME Julia Riddle Moser		
17. INFORMANT			ADDRESS		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema DUE TO Hypertensive HSCVD DUE TO Pulmonary Emphysema	CAUSE OF DEATH Acute Pulmonary Edema Hypertensive HSCVD Pulmonary Emphysema	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/27, 1951 , to 5/30, 1951 , that I last saw the deceased alive on 5/30/51 and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE A. J. Ruck		23B. ADDRESS 5305 Hartford Rd.		23C. DATE SIGNED 5/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/3/51		24C. NAME OF CEMETERY OR CREMATORY MT. Carmel	
24D. LOCATION (City, town, or county) (State) Menard, Arkansas		24E. FUNERAL DIRECTOR L. J. Ruck		24F. ADDRESS 5305 Hartford Rd.	

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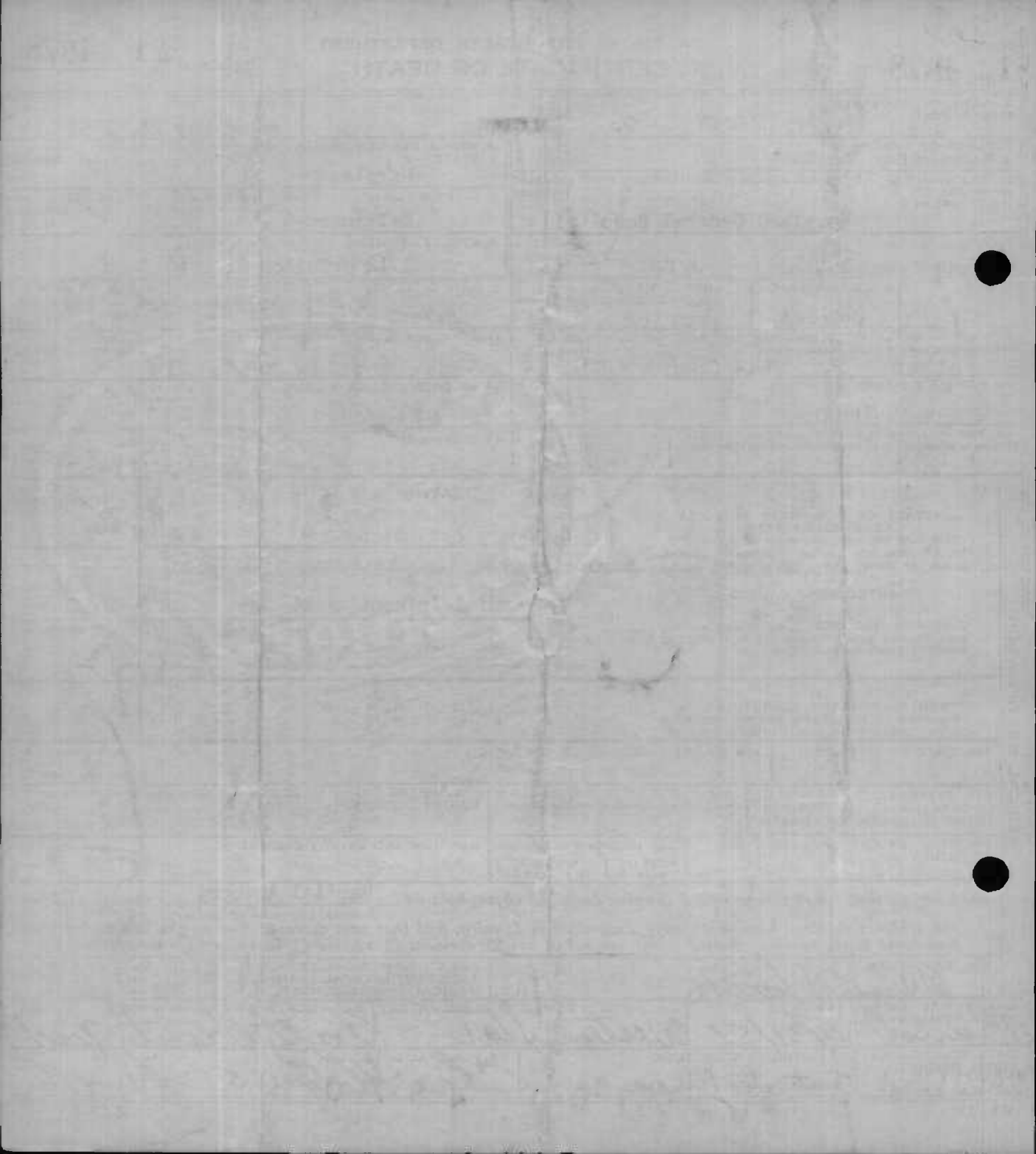
Robert Williams
Lafayette 8200
Lafayette 8200

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1 4879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4879

1. NAME OF DECEASED (Type or Print) BERNARD SALOMON		2. DATE OF DEATH 5/30/51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION The Mount Convalescent Home 3706 Norton Rd.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 27-15	
c. Length of stay in Baltimore 74 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 5725 Ranny Rd.	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 10, 1878 AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY negligee	
13. FATHER'S NAME Samuel Salomon		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
11. BIRTHPLACE (State or foreign country) Baltimore		14. MOTHER'S MAIDEN NAME Bertha Salomon Coblenz	
17. INFORMANT Evelyn Tublin		ADDRESS 5725 Ranny Rd.	
1b. 420.0 CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) coronary thrombosis	
ANTECEDENT CAUSES		(B) arteriosclerotic heart disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April , 1949, to May 30 , 1951, that I last saw the deceased alive on May 29, 1951 , and that death occurred at 3 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Bernard Purgin		23b. ADDRESS 6721 Reisterstown Rd.	
23c. DATE SIGNED 5/30/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/11/51	24c. NAME OF CEMETERY OR CREMATORY Ches Shalom Cemetery	24d. LOCATION (City, town, or county) (State) Donnell St Mob place
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR David Joseph Robinson ADDRESS 1102 E. ...	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Family Member		14. Signature of Priest		15. Signature of Minister	
16. Signature of Undertaker		17. Signature of Burial Officer		18. Signature of Cemetery Officer	
19. Signature of Registrar		20. Signature of Registrar		21. Signature of Registrar	
22. Signature of Registrar		23. Signature of Registrar		24. Signature of Registrar	
25. Signature of Registrar		26. Signature of Registrar		27. Signature of Registrar	
28. Signature of Registrar		29. Signature of Registrar		30. Signature of Registrar	
31. Signature of Registrar		32. Signature of Registrar		33. Signature of Registrar	
34. Signature of Registrar		35. Signature of Registrar		36. Signature of Registrar	
37. Signature of Registrar		38. Signature of Registrar		39. Signature of Registrar	
40. Signature of Registrar		41. Signature of Registrar		42. Signature of Registrar	
43. Signature of Registrar		44. Signature of Registrar		45. Signature of Registrar	
46. Signature of Registrar		47. Signature of Registrar		48. Signature of Registrar	
49. Signature of Registrar		50. Signature of Registrar		51. Signature of Registrar	
52. Signature of Registrar		53. Signature of Registrar		54. Signature of Registrar	
55. Signature of Registrar		56. Signature of Registrar		57. Signature of Registrar	
58. Signature of Registrar		59. Signature of Registrar		60. Signature of Registrar	
61. Signature of Registrar		62. Signature of Registrar		63. Signature of Registrar	
64. Signature of Registrar		65. Signature of Registrar		66. Signature of Registrar	
67. Signature of Registrar		68. Signature of Registrar		69. Signature of Registrar	
70. Signature of Registrar		71. Signature of Registrar		72. Signature of Registrar	
73. Signature of Registrar		74. Signature of Registrar		75. Signature of Registrar	
76. Signature of Registrar		77. Signature of Registrar		78. Signature of Registrar	
79. Signature of Registrar		80. Signature of Registrar		81. Signature of Registrar	
82. Signature of Registrar		83. Signature of Registrar		84. Signature of Registrar	
85. Signature of Registrar		86. Signature of Registrar		87. Signature of Registrar	
88. Signature of Registrar		89. Signature of Registrar		90. Signature of Registrar	
91. Signature of Registrar		92. Signature of Registrar		93. Signature of Registrar	
94. Signature of Registrar		95. Signature of Registrar		96. Signature of Registrar	
97. Signature of Registrar		98. Signature of Registrar		99. Signature of Registrar	
100. Signature of Registrar		101. Signature of Registrar		102. Signature of Registrar	

354
ND-148928
BIRTH NO. 4880

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4880
Registered No.

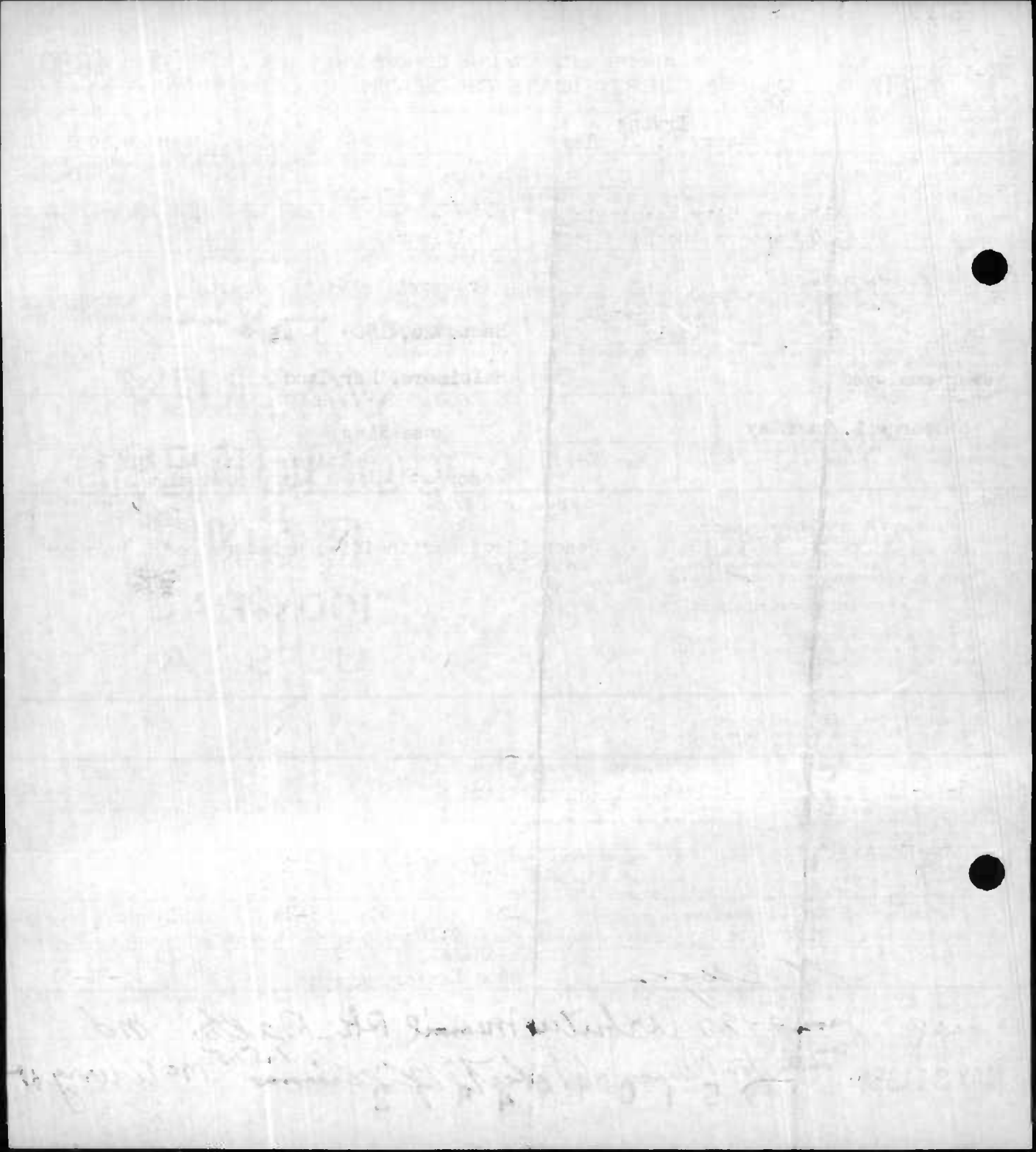
1. NAME OF DECEASED (Type or Print) Irving Henry C. Stanley		2. DATE OF DEATH May 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Crownsville State Hospital 5200	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH Sept. 26, 1909
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never employed		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 41
13. FATHER'S NAME George L. Stanley		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Rosa King	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

16. 5705 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized peritonitis, undetermined etiology		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-28-51		19B. MAJOR FINDINGS OF OPERATION Intestinal Obstruction		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-28 , 19 51 to 5-29 , 19 51 , that I last saw the deceased alive on 5-29 , 19 51 and that death occurred at 9:20pm. , from the causes and on the date stated above.				
23A. SIGNATURE J. S. O'Brien M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 2, 1951	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Rte Balto. Md	24D. LOCATION (City, town, or county) (State) 1315 McElderry St
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951	REGISTRAR'S SIGNATURE Thurston Williams	25. FUNERAL DIRECTOR 1315 McElderry St	

12215



260(4)
51 4881BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4881
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Albert W. Tucker		2. DATE OF DEATH 5-30-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or INSTITUTION Balt. Eye Ear & Throat Hosp. location) 1314 Eutaw Place		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 6-29-86	
9. Length of stay in Baltimore Yrs. Mos. Days		10. AGE (In years last birthday) 64	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ALLEN C. TUCKER		14. MOTHER'S MAIDEN NAME ROSETTA WEIDERMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Albert D. Tucker		18. ADDRESS 2710 Bond St. Phila. Pa.	

18. 196x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Malignancy Maudible Tracheostomy (B) Cardio-respiratory failure (C) Cardio-respiratory failure	INTERVAL BETWEEN ONSET AND DEATH 10 years 2 days 2 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/28/51	19B. MAJOR FINDINGS OF OPERATION Tracheotomy for respiratory obstruction	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22. I hereby certify that I attended the deceased from 5/27/51 , 19 51 , to 5/30/51 , 19 51 , that I last saw the deceased alive on 5/30/51 , 19 51 , and that death occurred at 12:00 m., from the causes and on the date stated above.	23A. SIGNATURE B. M. Young	23B. ADDRESS M. D. Balt. Eye Ear & Throat Hosp.
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE June 2/51	24C. NAME OF CEMETERY OR CREMATORY Good Shepherd Cem.
24D. LOCATION (City, town, or county) (State) Rockland, Ind.	25. FUNERAL DIRECTOR Wm. A. Nix	25. ADDRESS 4101 Edmondson Ave.
MAY 31 1951 VS 150 7308T		

WATTEY

CERTIFICATE OF DEATH

2-20-31

E. J. C. K. R. 100-770 10-10-31

10-10-31

10-10-31

10-10-31

530
1 4882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4882

Registered No. _____

BIRTH NO. 51-03900

1. NAME OF DECEASED (Type or Print) <i>Jack Smith</i>		2. DATE OF DEATH <i>May 29, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Red. H. H. 4 W</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md</i> B. COUNTY <i>27-13</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1016 St. George Road</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>2-19-51</i>
9. AGE (In years last birthday) <i>3</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Lee Smith</i>		14. MOTHER'S MAIDEN NAME <i>Adena Giff</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. 340.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumococcal Meningitis</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>5-21-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5-21-</i> , 1951, to <i>5-29-</i> , 1951, that I last saw the deceased alive on <i>5-29-</i> , 1951 and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert E. Gustafson</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5/29/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/31/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. F. Antwerp Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 31 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>W. F. Antwerp</i>		ADDRESS <i>322 N. Lakewood</i>	

81a ✓

51 4883

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4883

Registered No.

BIRTH NO. L-522

1. NAME OF DECEASED
(Type or Print)

Lancaster Corrine

2. DATE
OF
DEATH

5/31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

15-02

D. STREET ADDRESS (If rural, give location)

1520 N. Bruce St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

Oct 15 1923

9. AGE (In years
last birthday)

27

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Wood

14. MOTHER'S MAIDEN NAME

Lucy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Alice Seney 221-12 St. S.W.
Wash. D.C.

18. 443 X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Uremia
Hypertensive Heart DiseaseINTERVAL BETWEEN
ONSET AND DEATH

5-16-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Congestive Heart Failure
Hypertensive Heart Disease

5-31-51

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-1951, to 5-31-1951, that I last saw the
deceased alive on 5/31, 1951, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. Nicolas

23B. ADDRESS

M. D.

Provident Hospital

23C. DATE SIGNED

5-31-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-31-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Washington D.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

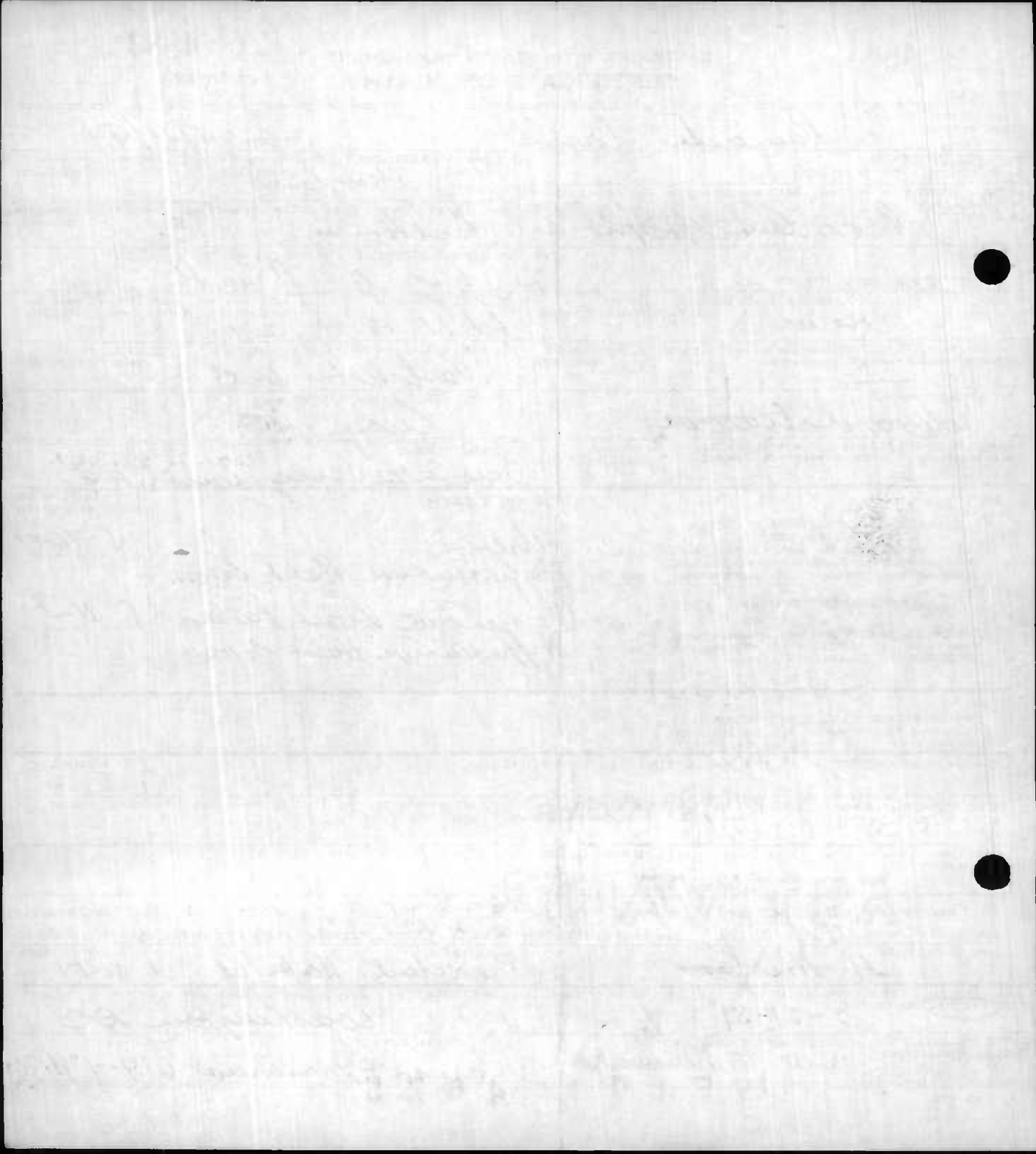
REGISTRAR'S SIGNATURE

Hunter, for Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Barnes & Matthews 614-4th St. S.W.



O.D.O.A.
51 4884

51 4884

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

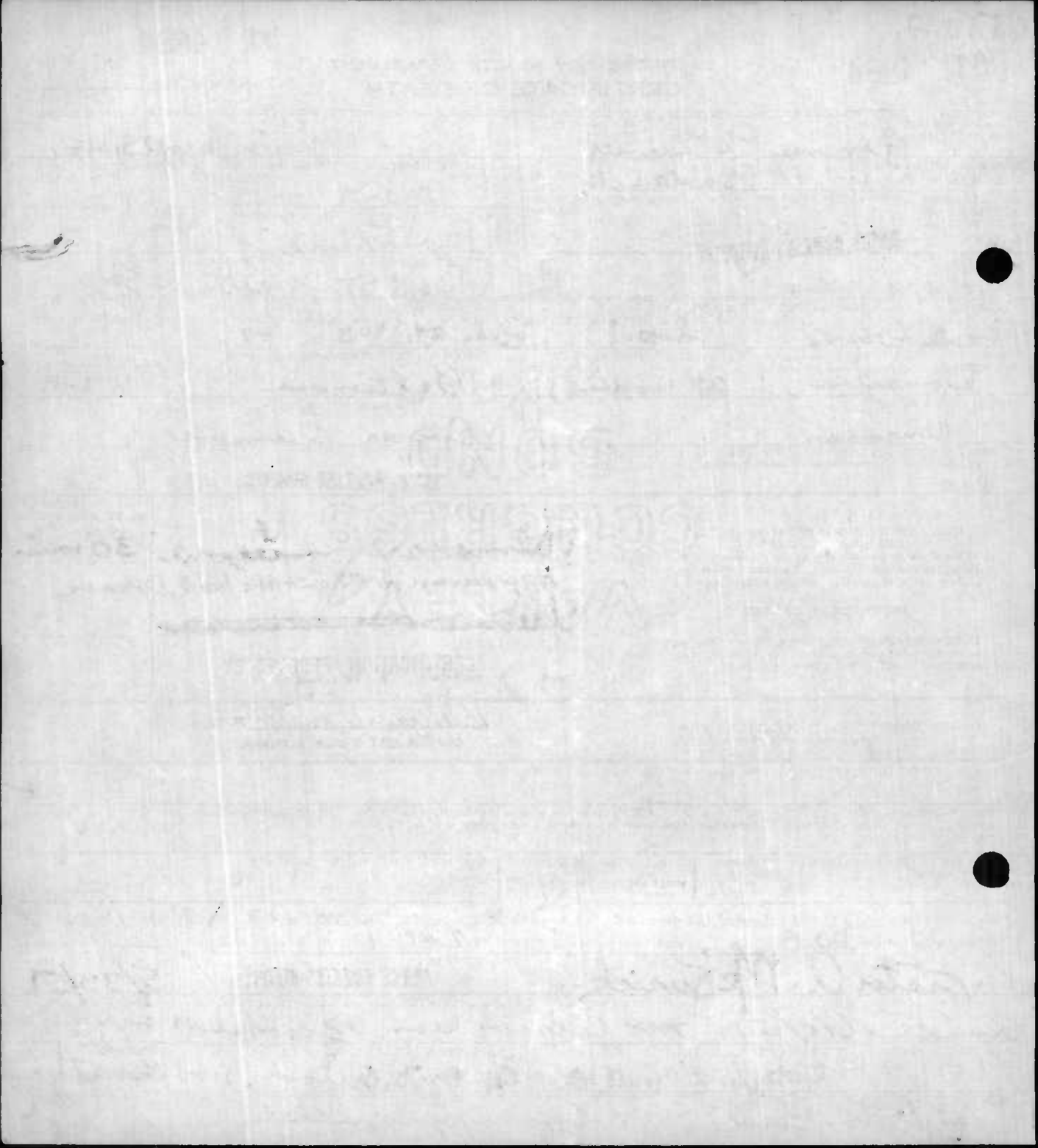
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Emma De Zilley</i>		2. DATE OF DEATH <i>May 28, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHN HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits: white RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore _____ Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>1208 St. Matthew St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Sp.</i>	8. DATE OF BIRTH <i>Dec. 24, 1903</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>47</i>
13. FATHER'S NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		17. INFORMANT ADDRESS <i>JOHN HOPKINS HOSPITAL</i>	
16. SOCIAL SECURITY NO. _____		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		14. MOTHER'S MAIDEN NAME <i>Emma Dunaway</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary edema</i>		INTERVAL BETWEEN ONSET AND DEATH <i>30 min</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Arteriosclerotic Heart Disease</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21d. HOW DID INJURY OCCUR? _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from <i>D.O.A.</i> , 19____, to <i>May 28</i> , 1951, that I last saw the deceased alive on <i>D.O.A.</i> , 19____, and that death occurred at <i>7:40 p.m.</i> , from the causes and on the date stated above.		23a. SIGNATURE <i>Victor A. McKusick M.D.</i>		23b. ADDRESS <i>JOHN HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>5/30/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6/6/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>mt Calvary Cem</i>		24d. LOCATION (City, town, or county) <i>Baltimore md</i>	
DATE RECEIVED BY LOCAL REGISTRAR _____		REGISTRAR'S SIGNATURE <i>Wm. J. Wilson</i>		25. FUNERAL DIRECTOR, ADDRESS <i>Chas. B. Wilson 1000 Brantley</i>			

Med & Case 72084 to be approved 931



05-146895
51 4885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4885

Registered No. _____

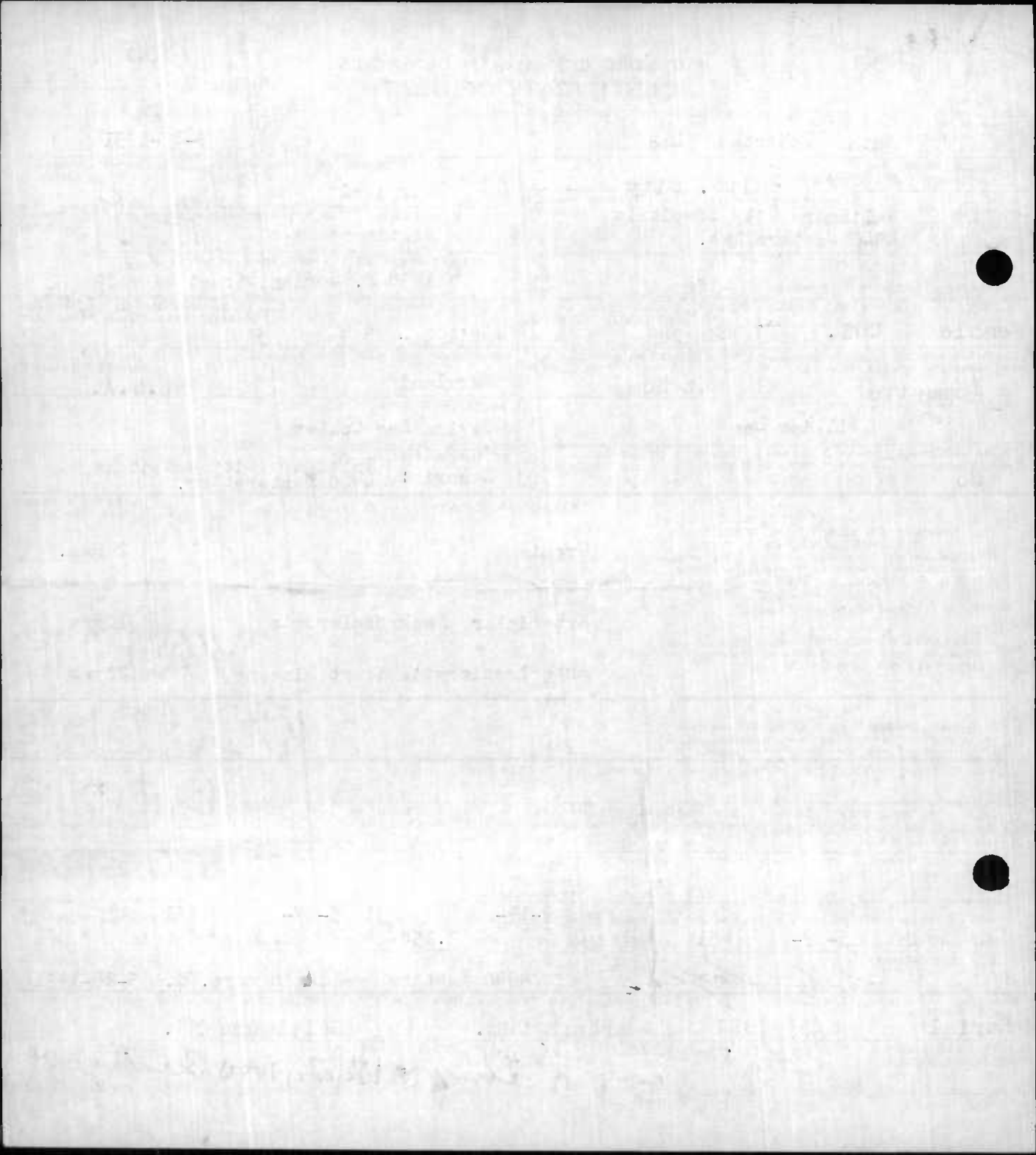
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Ruth Roberta Lee		2. DATE OF DEATH 5-27-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1838 N. Spring Street zone 13	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 25- 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 52 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Lee		14. MOTHER'S MAIDEN NAME Savina Lee Coates	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Baltimore City Hospitals Records		ADDRESS 4940 Eastern Ave.	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Arteriolar Nephrosclerosis DUE TO Arteriosclerotic Heart Disease	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 mos. 10yrs 20yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-27-1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-19- , 19 51 to 5-27- , 19 51 , that I last saw the deceased alive on 5-27- , 19 51 , and that death occurred at 3.15 P. m. , from the causes and on the date stated above.				
23A. SIGNATURE <i>J. S. Coates</i>		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 5-28-1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/31/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Thayer or Wilson 1000 Brantly ave
VS 150		7200A 131a	



50
31 4886BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4886
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Carson

2. DATE

OF DEATH 5/29/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00 210 East Lafayette Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

9 Yrs.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

210 East Lafayette Avenue

8. DATE OF BIRTH

Aug. 1, 1879

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

At Home

11. BIRTHPLACE (State or foreign country)

Mt Carmel S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James

Morris

14. MOTHER'S MAIDEN NAME

Clara

Mortin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Preston Carson 210 E. Lafayette Ave

18. 4/20.1 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1951, to 5-29, 1951, that I last saw the
deceased alive on 5-28, 1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Smithell

M. D.

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

5-31-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/2/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

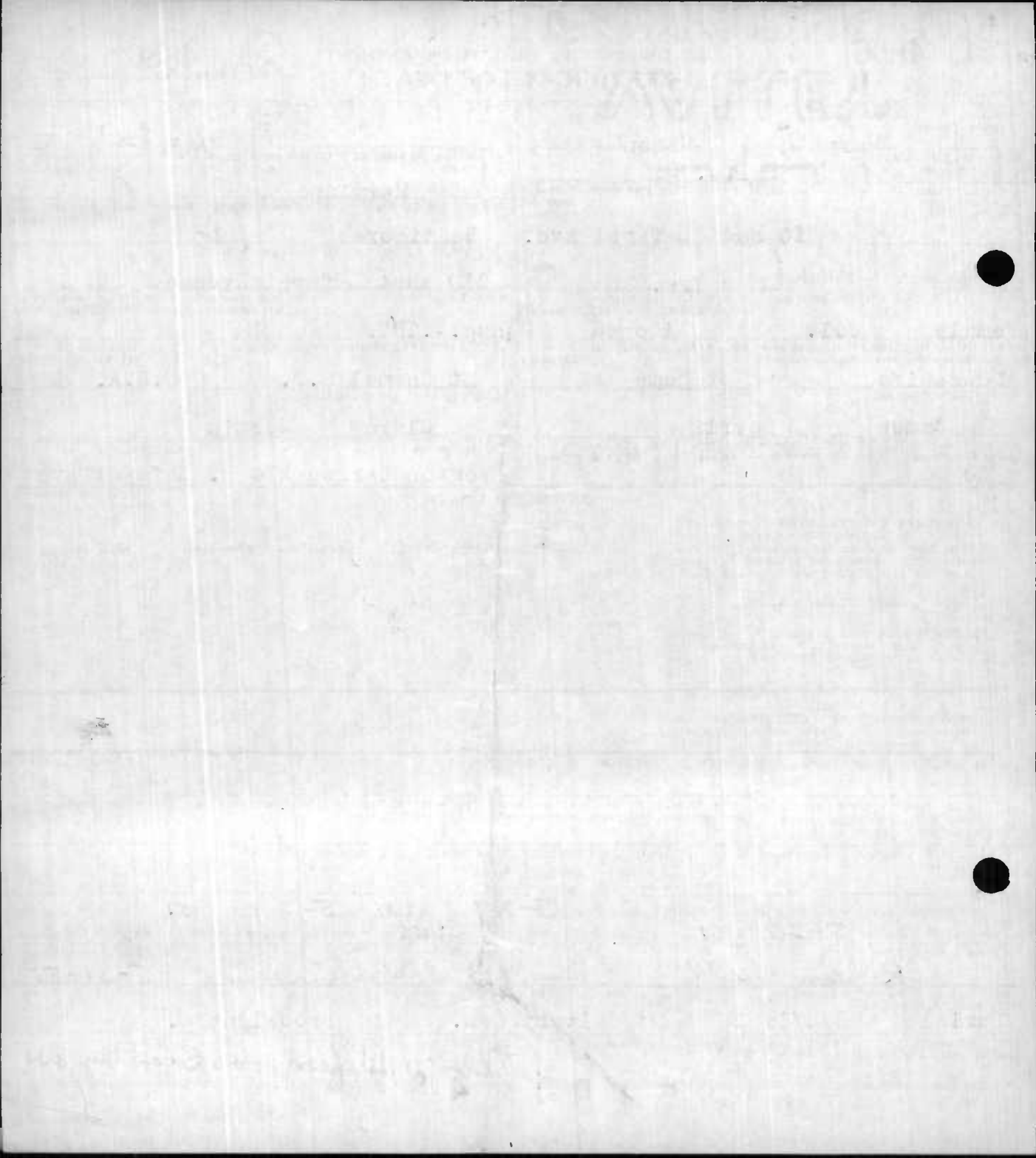
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elmer Wilson 1000 Brantly ave



600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4887

Registered No.

BIRTH NO. 51 4887 51-07877

1. NAME OF DECEASED (Type or Print) DENNIS T. CHERRY			2. DATE OF DEATH May 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2326 Gilford Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2246 Gilford Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-9-51 April-28-1951	9. AGE (In years last birthday) 1	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clarence Cherry			14. MOTHER'S MAIDEN NAME Mildred Cherry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mildred Cherry 2246 Guilford Ave		

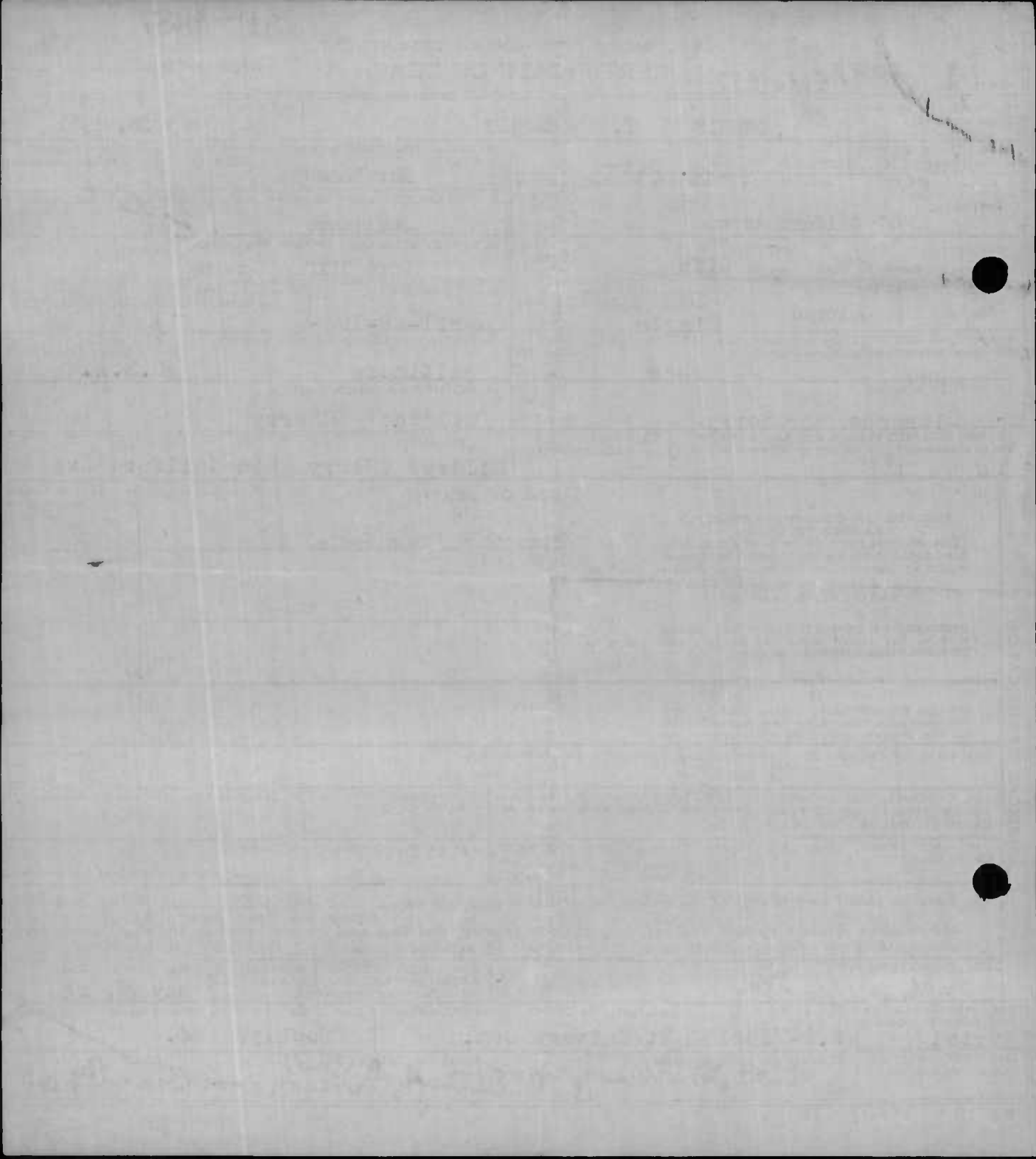
18. 970.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Erythroblastosis foetalis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		CAUSE OF DEATH Erythroblastosis foetalis DUE TO INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Wilson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 28, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5.31/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
				24D. LOCATION (City, town, or county) (State) Brooklyn Md.	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William H. Wilson		25. FUNERAL DIRECTOR Elmer Wilson, 1111 Beatty Ave	
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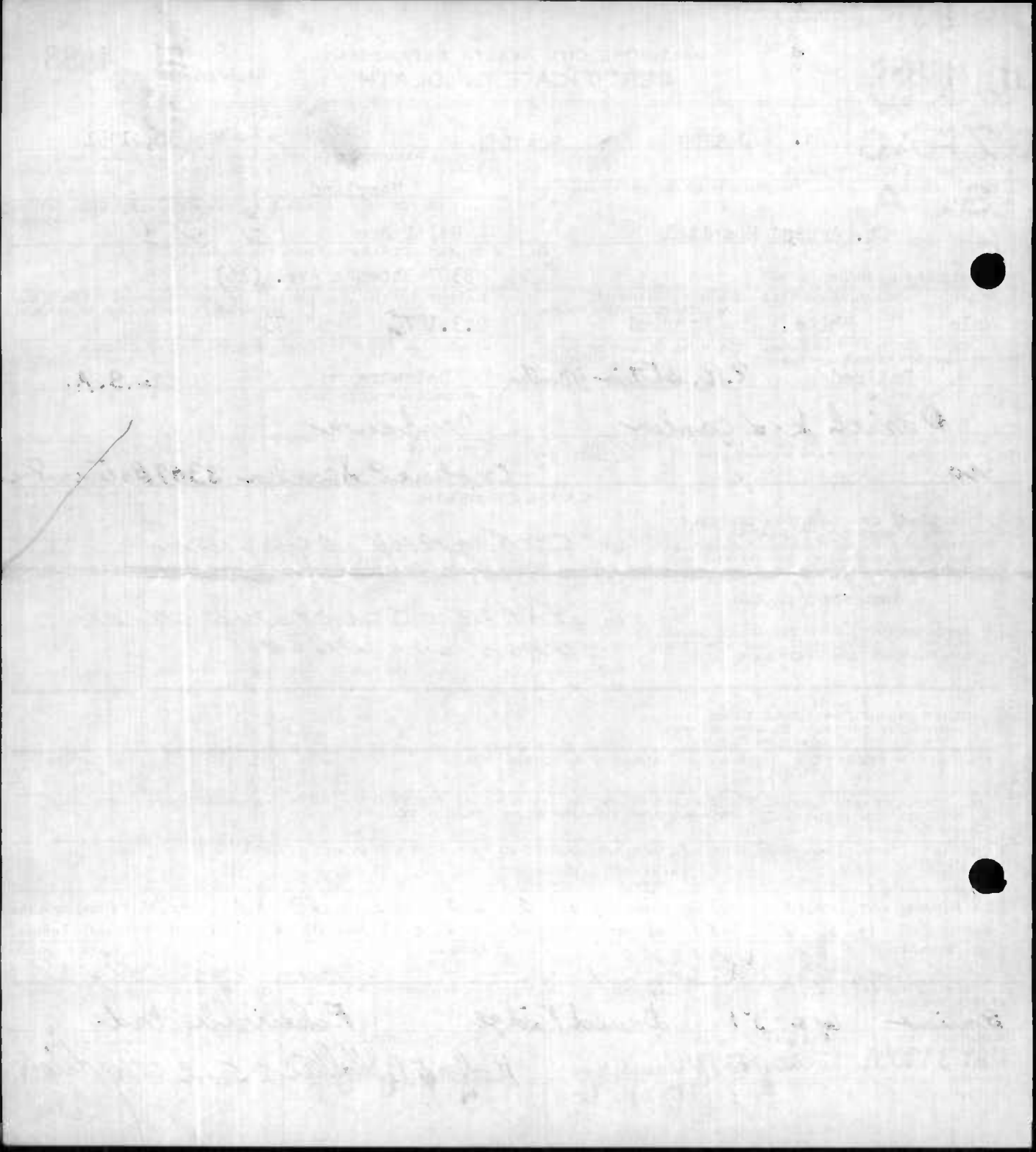


254
1 4888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4888

1. NAME OF DECEASED (Type or Print) M. JOSEPH SCANLON		2. DATE OF DEATH May 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes' Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) 3307 Bateman Ave. (16)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9.3.1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY R.R. Station Master	9. AGE (In years last birthday) 73
11. BIRTHPLACE (State or foreign country) Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Daniel J. Scanlon		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Caroline E. Scanlon		ADDRESS 3307 Bateman Ave	
18. CAUSE OF DEATH 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) COMONARY OCCLUSION DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO SCLEROTIC CARDIO - VASCULAR DISEASE DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/30, 1951 to 5/31, 1951 , that I last saw the deceased alive on 5/30, 1951 , and that death occurred at 2:40 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE John H. Shaw		23B. ADDRESS Dr. James H. Shaw	
23C. DATE SIGNED 5/30/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/2/51	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge		24D. LOCATION (City, town, or county) (State) Pikesville Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
25. FUNERAL DIRECTOR Robert C. Walters		ADDRESS 3512 Fredrick 937 ave	



236

51 4889

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4889

Registered No.

1. NAME OF DECEASED (Type or Print) LOUISE ECKSTORM		2. DATE OF DEATH MAY-29-1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland 212 N. ELLWOOD AVE.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE MD b. COUNTY 6-01	
b. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 212 N. ELLWOOD AVE.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUGUST-24-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (In years last birthday) 82
13. FATHER'S NAME NICHOLAS ECKSTORM		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME KATHERINE KLEINSCHMIDT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT HENRY ECKSTORM-202 N. ELLWOOD AVE		ADDRESS	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROTIC HEART DISEASE DUE TO INTERVAL BETWEEN ONSET AND DEATH 1 YEAR			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROSIS, GENERALIZED DUE TO INTERVAL BETWEEN ONSET AND DEATH 5 YEARS			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/21/48 , 19__, to 5/29/51 , 19__, that I last saw the deceased alive on 5/29/51 , 19__, and that death occurred at 3P. m., from the causes and on the date stated above.			
23A. SIGNATURE Ben B. Mory M.D.		23B. ADDRESS 448 N. Lague Ave.	23C. DATE SIGNED 5/30/51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 5-30-51	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEM.	24D. LOCATION (City, town, or county) (State) NORTH AVE. BALTIMORE MD.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR'S ADDRESS John J. Miller Inc. 2435 E. Oliver St	

MEDICAL CERTIFICATION

W. Moses

4487 Eugene Ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4890**

BIRTH NO.

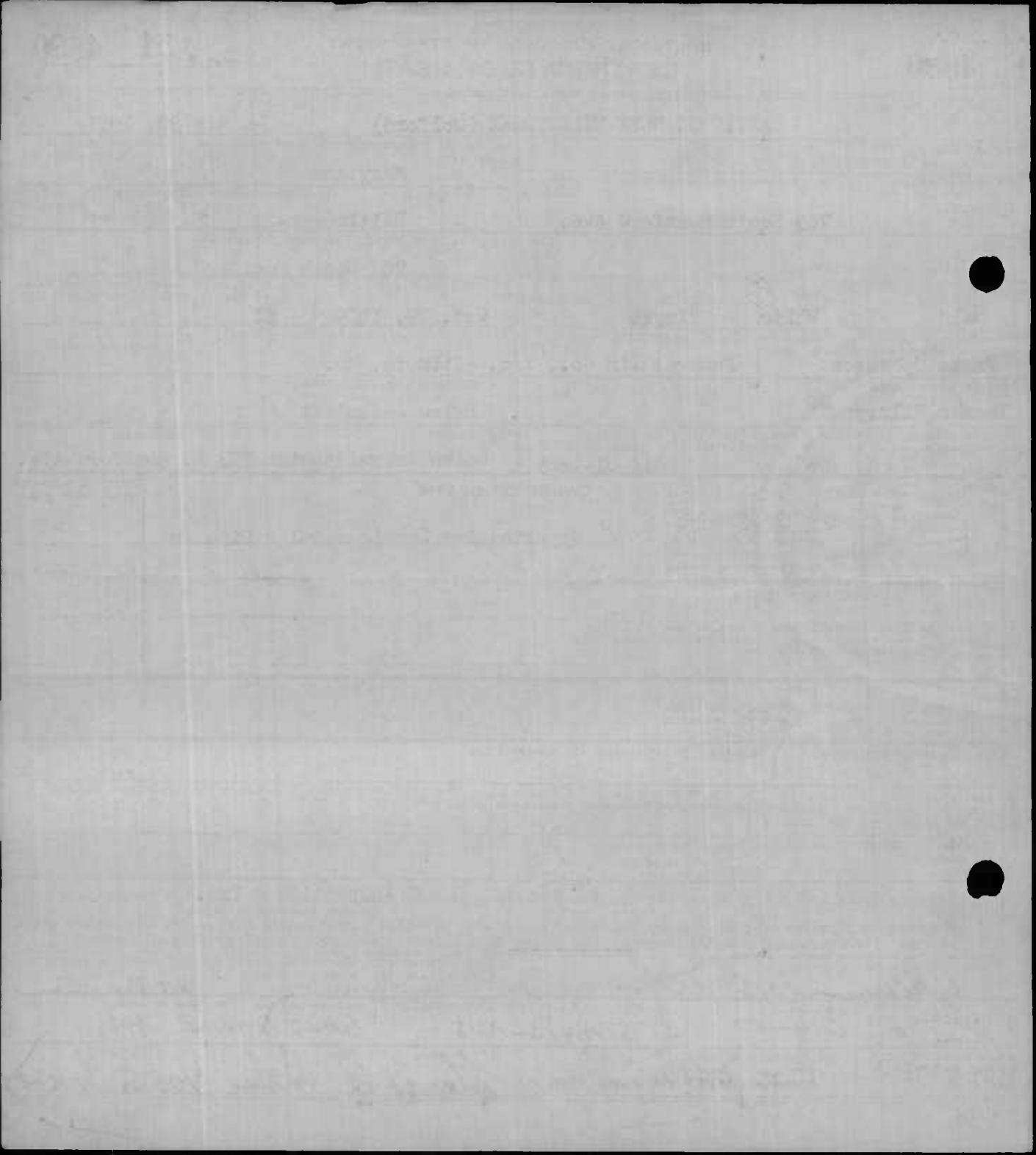
1. NAME OF DECEASED (Type or Print) MARTIN STANLEY WILCZYNSKI (Wolford)		2. DATE OF DEATH May 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 703 South Montford Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore -24 1-03	
6. DATE OF DEATH IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 703 South Montford Ave.	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH Oct. 27, 1909
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Operator		12. AGE (In years last birthday) 41	
13. KIND OF BUSINESS OR INDUSTRY Federal Tin Co., Inc. Baltimore, Md.		14. BIRTHPLACE (State or foreign country)	
15. FATHER'S NAME Thomas Wilczynski		16. CITIZEN OF WHAT COUNTRY?	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		18. SOCIAL SECURITY NO. 214-01-1665	
19. MOTHER'S MAIDEN NAME Helen Jaskulski		20. INFORMANT ADDRESS Helen Szurmaszewicz 703 S. Montford Ave.	

18. 443x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		26. HOW DID INJURY OCCUR?	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	

I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

29. SIGNATURE <i>William Weber</i>		30. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		31. DATE SIGNED May 31, 1951	
32. BURIAL, CREMATION, REMOVAL (Specify) Burial		33. DATE 6-4-51		34. NAME OF CEMETERY OR CREMATORY ST STANISLAUS	
35. LOCATION (City, town, or county) (State) BALTIMORE MD					

36. DATE RECEIVED BY MAY 31 1951		37. REGISTRAR'S SIGNATURE <i>George R. Weber</i>		38. FUNERAL DIRECTOR ADDRESS 703 S. Penn Ave	
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123
4891BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4891

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MOSES L. EPSTEIN

2. DATE
OF
DEATH May 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3501 White Chapel Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3501 White Chapel Road

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

January 8, 1876

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: Days

4

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Packing for proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Epstein

14. MOTHER'S MAIDEN NAME

Wilhemina Epstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Harry C. Schwartz- 3501 White Chapel Rd.

18. 470-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Coriary Occlusion

DUE TO

1/2 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Thrombosis

DUE TO

5 days

(C)

Arterio Sclerosis

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

✓

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1944, to May 31, 1951, that I last saw the
deceased alive on May 30, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Michael A. Abrams M.D.

23B. ADDRESS

1820 Eaton place

23C. DATE SIGNED

5/31/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/1/51

24C. NAME OF CEMETERY OR CREMATORY

Har Sinai, Belair Rd.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson & Bros - 1124-26 W.

North Avenue

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

WATKINS

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WATKINS

WATKINS

155
51 4892BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4892
Registered No.

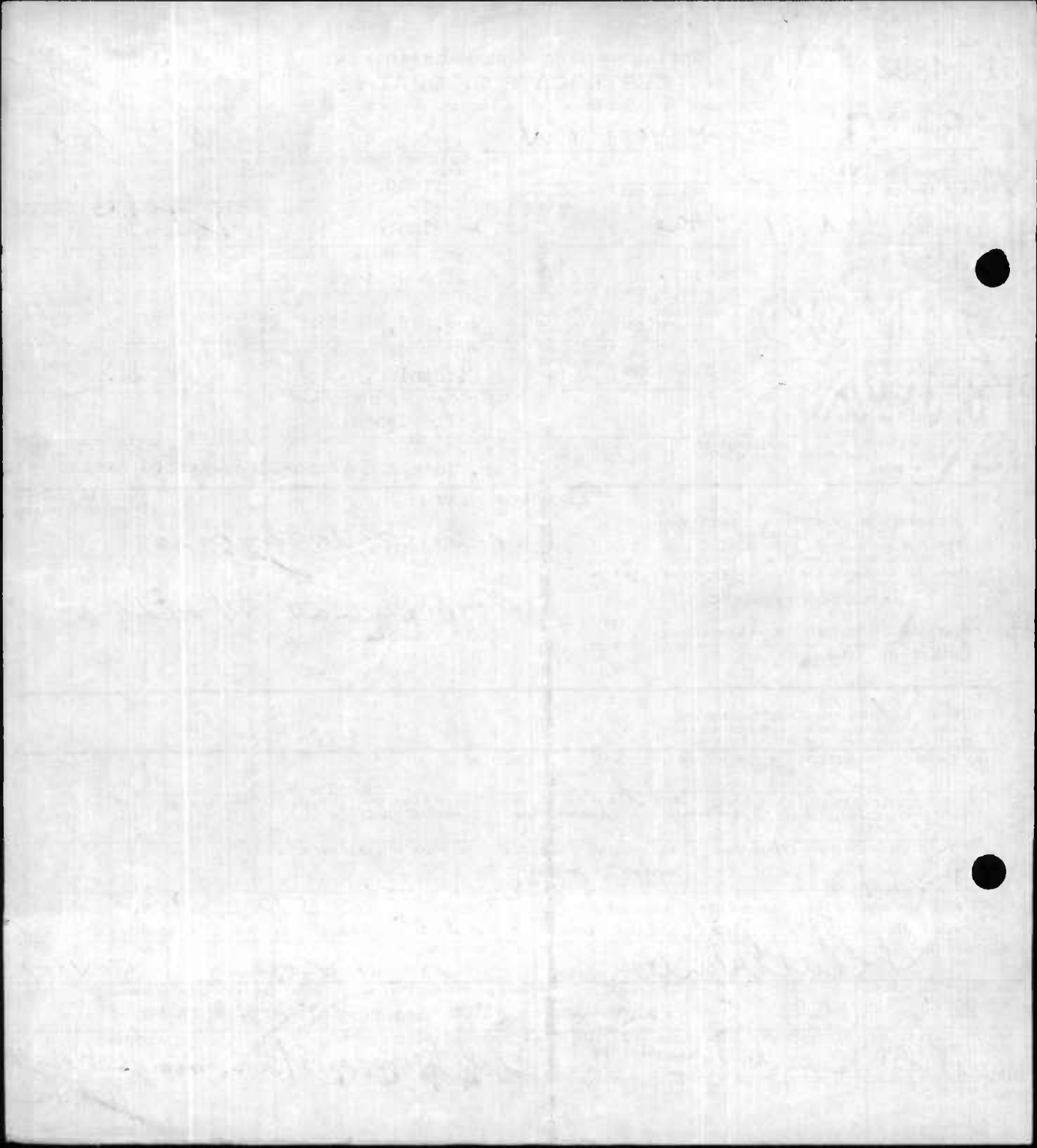
BIRTH NO.

1. NAME OF DECEASED (Type or Print) YETTA HOFFMAN		2. DATE OF DEATH 5/31/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOS		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 50 yrs.		D. STREET ADDRESS (If rural, give location) 3133 Oakford Avenue	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 12, 1887
9. AGE (In years last birthday) 65		10. CITIZEN OF WHAT COUNTRY? USA.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Lithuania		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Jacob Carmel		14. MOTHER'S MAIDEN NAME Bella Cohen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Joseph Hoffman		ADDRESS 3133 Oakford Avenue	

18. 4/20/51 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Myocardial Infarction ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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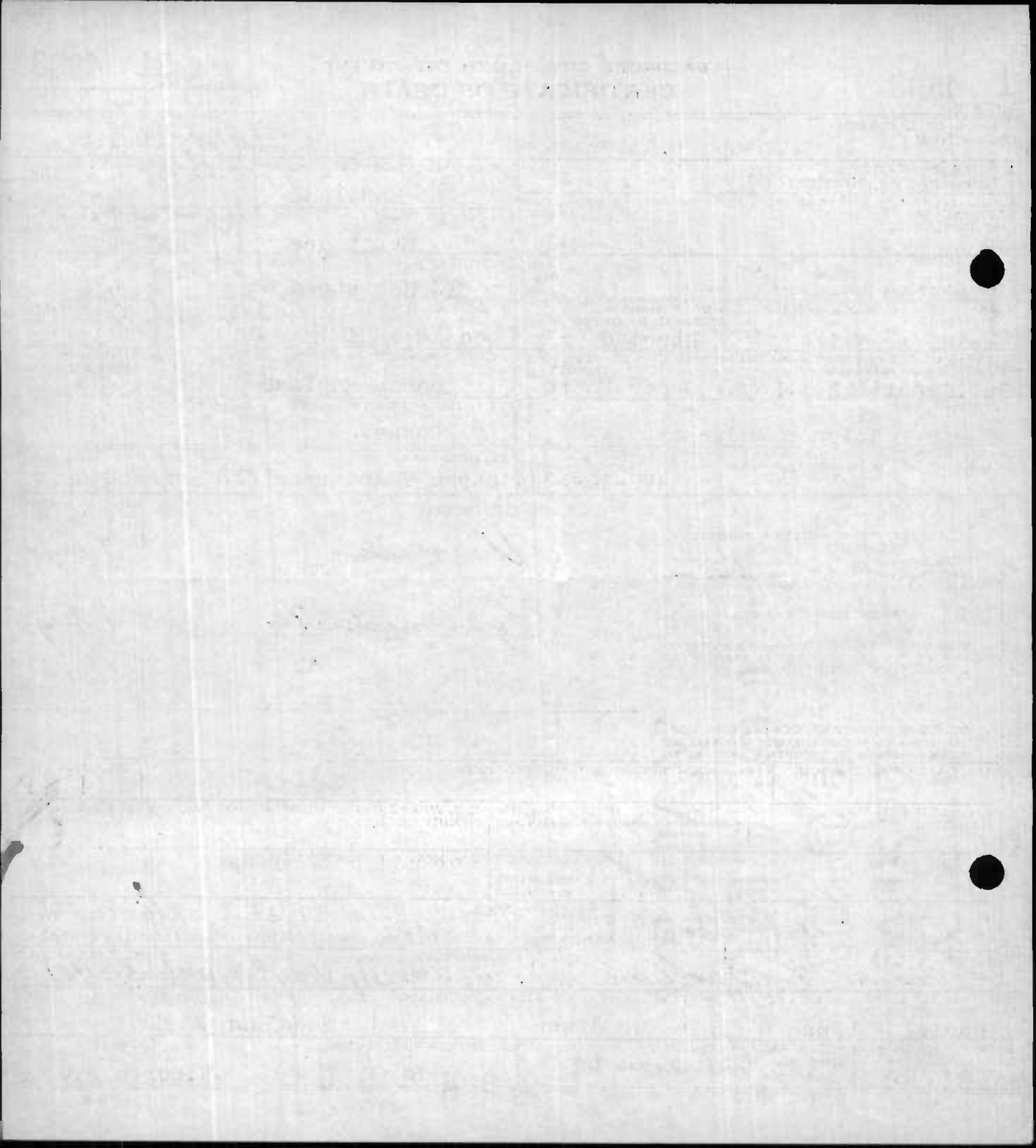
MEDICAL CERTIFICATION

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/30 , 19 51 , to 5/31 , 19 51 , that I last saw the deceased alive on 5/31 , 19 51 , and that death occurred at 2:20 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE J. Roubelakis		23B. ADDRESS Sinai Hosp		23C. DATE SIGNED 5/31/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/1/51		24C. NAME OF CEMETERY OR CREMATORY Sodova Congregation Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. FUNERAL DIRECTOR Sol. Levinson			
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE W. J. Williams		ADDRESS 1124-26 W North Avenue	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH			51 4893 Registered No.	
1. NAME OF DECEASED (Type or Print) Joseph D. Anderson			2. DATE OF DEATH May 29 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 613 Homestead St			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 50 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 613 Homestead St	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 16 1884	9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Special Rep. Loyal Order Moose			11. BIRTHPLACE (State or foreign country) London England	
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Solomon Anderson			14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 478-18-5344	
17. INFORMANT ADDRESS Sarah V Anderson 613 Homestead St				
18. 600.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pyelonephritis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 3 days 7 days	
19A. DATE OF OPERATION 6			19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 5/26 , 19 51 , to 5/29 , 19 51 /that I last saw the deceased alive on 5/29 , 19 51 , and that death occurred at 2:45 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE Edward M. Baryak			23B. ADDRESS 1749 Waverly Way Balto 12 Md	
23C. DATE SIGNED 5/31/51				
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE June 2 1951	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn			24D. LOCATION (City, town, or county) Woodlawn Md	
25. FUNERAL DIRECTOR Marion R. Seft			ADDRESS 1600 W. North Ave	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951			VS 150 260 8X 133a	

MEDICAL CERTIFICATION



350
1-ND-4894
1-ND-4894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4894
Registered No.

1. NAME OF DECEASED (Type or Print) Robert Hayden		2. DATE OF DEATH May 31, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5001 Foster Ave. (24)	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	10. DATE OF BIRTH June 4, 1918
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheetmetal Worker		12. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Walter Hayden		14. MOTHER'S MAIDEN NAME Catherine ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -----		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Shock DUE TO INTERVAL BETWEEN ONSET AND DEATH 24 Hrs. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Alcoholism with Hepatitis, (Probable) DUE TO Unknown II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-30 , 19 51 , to 5-31 , 19 51 that I last saw the deceased alive on 5-31 , 19 51 , and that death occurred at 9:20a m. , from the causes and on the date stated above.			
23A. SIGNATURE [Signature] M. D.		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 5-31-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/4/51	
24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR John A. Montgomery		ADDRESS 3000 E. Balto. St.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE [Signature]	

WALLEY

COLEMAN

BOND

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

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10-10-10

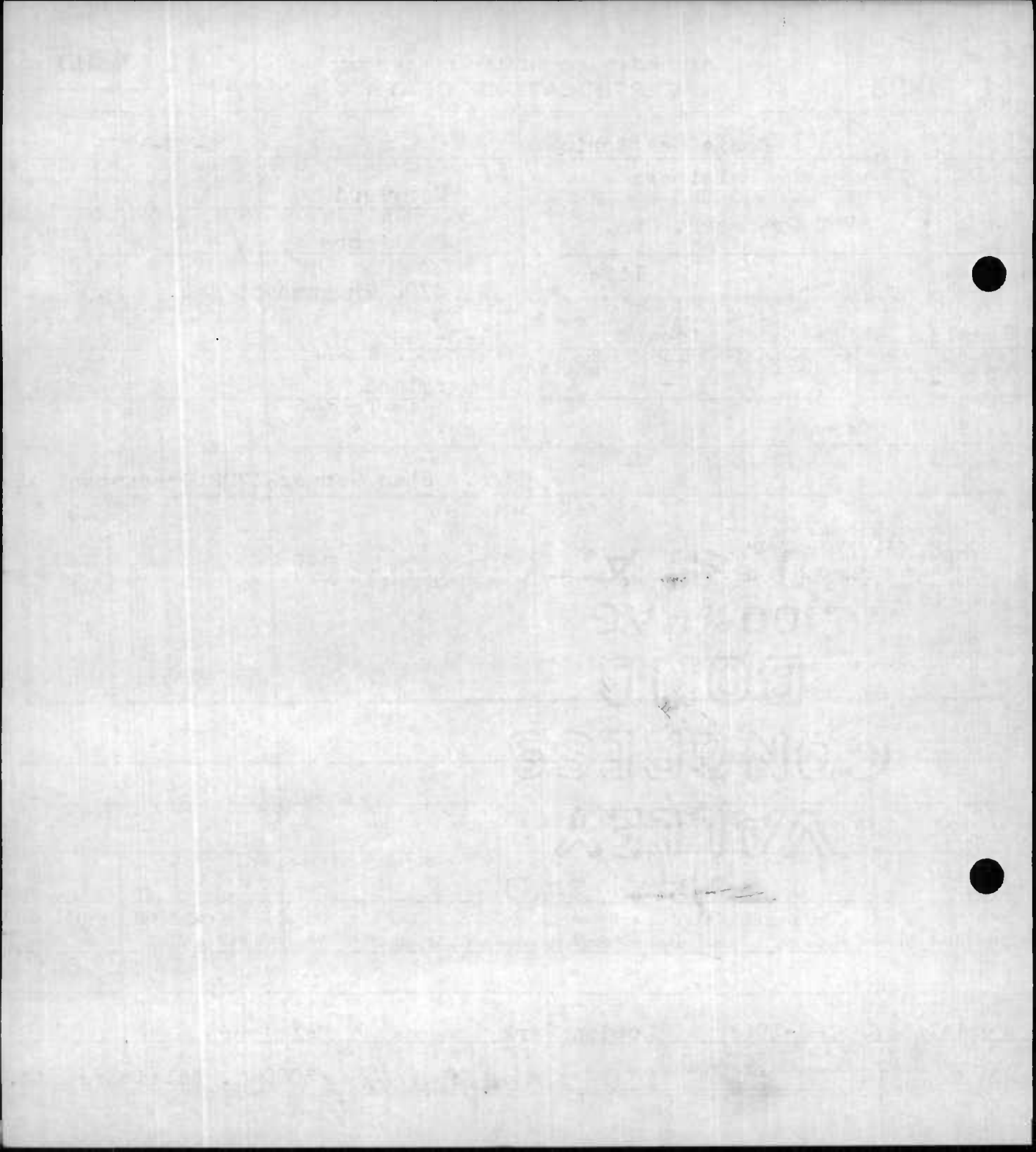
10-10-10

362
51 4895
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4895
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Rosie Heatterich		5-29-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
Baltimore		Maryland	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		6. CITY OR TOWN (If outside corporate limits, give rural and township)	
3702 Grenmount Ave.		Baltimore	
7. Length of stay in Baltimore		8. STREET ADDRESS (If rural, give location)	
life		3702 Greenmouht Ave.	
9. SEX	10. COLOR OR RACE	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH
Female	White	Widowed	11-3-1868
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME		16. MOTHER'S MAIDEN NAME	
? Pfarr		?	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.	
19. INFORMANT		ADDRESS	
Mrs. Helen Werner		3702 Greenmount Ave.	
19. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Arterio-Sclerotic Cardio-vascular Disease			
DUE TO			
(B)			
DUE TO			
(C)			
INTERVAL BETWEEN ONSET AND DEATH			
5 yrs			
20. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B)			
(C)			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 5-1, 1951, to 5-29, 1951, that I last saw the deceased alive on 5-29, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
C. D. Flynn		11 E. Chase St	
M. D.		23C. DATE SIGNED	
		5-31-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		6-2-1951	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Loudon Park		Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
MAY 31 1951		John W. May	
25. FUNERAL DIRECTOR		ADDRESS	
John W. May		3000 E. Baltimore St.	



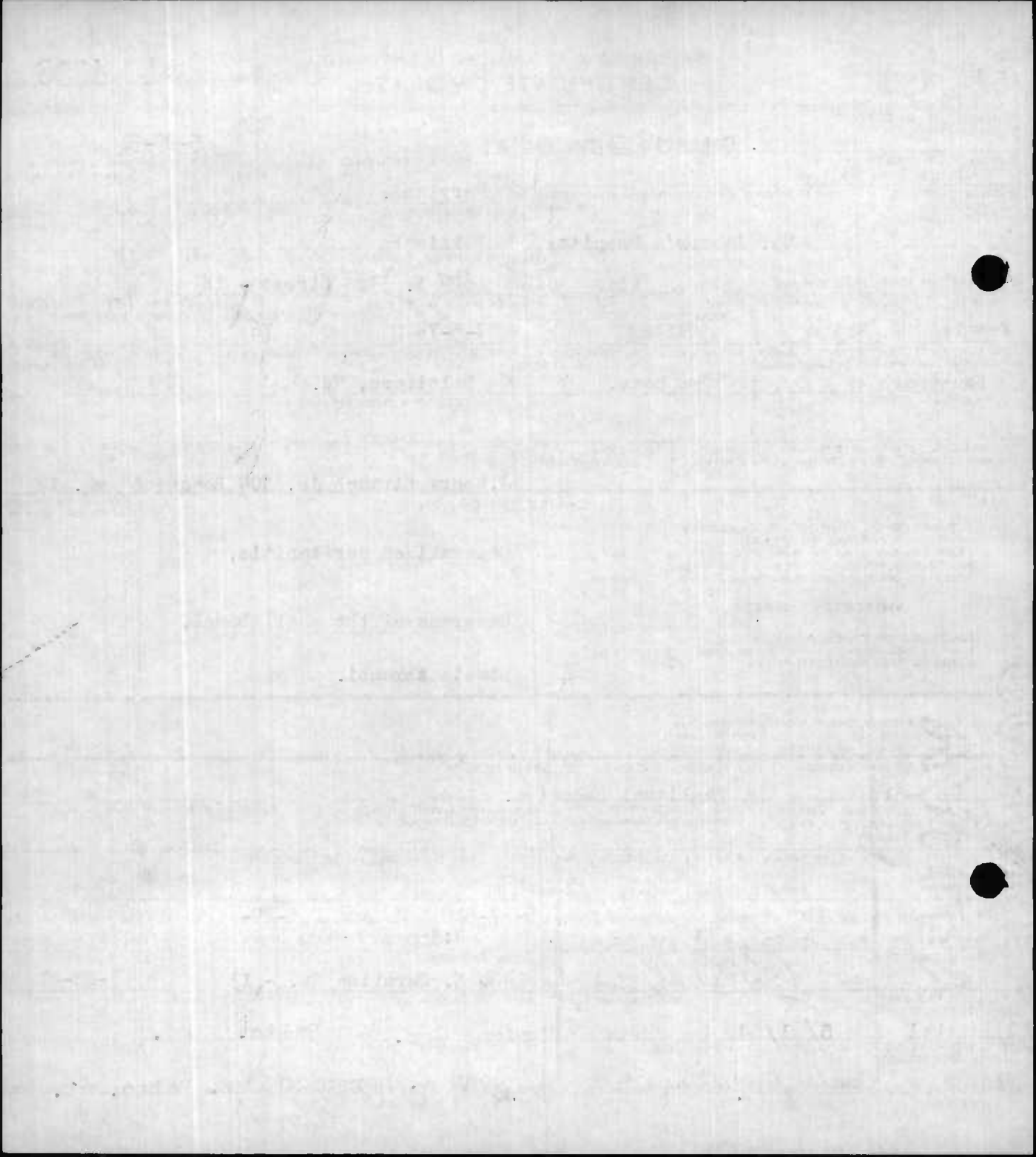
532
51 4896BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4896

1. NAME OF DECEASED (Type or Print) Mrs. Catherine Hogan Wentz		2. DATE OF DEATH 5-29-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1629 E. 33rd Street - 18		5. LENGTH OF STAY IN BALTIMORE life	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 7-5-74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Own home.	9. AGE (In years last birthday) 76
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT J. Henry Strauch Jr.		ADDRESS 804 Beaumont Ave. 12	
18. 578X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Generalized peritonitis. DUE TO Antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Gangrene of the small bowel, Stasis thrombi.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5-28-51		19B. MAJOR FINDINGS OF OPERATION Popliteal embolism.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5-27-51 , 19 51 , to 5-29- , 19 51 , that I last saw the deceased alive on 5-29- , 19 51 , and that death occurred at 9:35p m., from the causes and on the date stated above.	
23A. SIGNATURE B. B. Delors		23B. ADDRESS 1400 N. Caroline St. - 13	
23C. DATE SIGNED 5-29-51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 6/1/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR John A. Moran	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE John A. Moran	
VS 150		ADDRESS 3000 E. Balto. st.	

N. Lewis

123



300
51 4897BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4897

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Hamilton Weed

2. DATE
OF
DEATH

May 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 4417 Marble Hall Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4417 Marble Hall Road

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 8, 1873

9. AGE (in years
last birthday)
78If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

B & O RR

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

John W. Weed

14. MOTHER'S MAIDEN NAME

Helen Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Cora L. Weed 4417 Marble Hall Road

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(Myocardial Infarction)
Coronary Thrombosis

Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

immediate

? years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4/48, 19, to 5/31/51, 19, that I last saw the deceased alive on 6/30/50, 19, and that death occurred at 5:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3406 St. Paul St.

5/31/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

6 - 2 - 51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

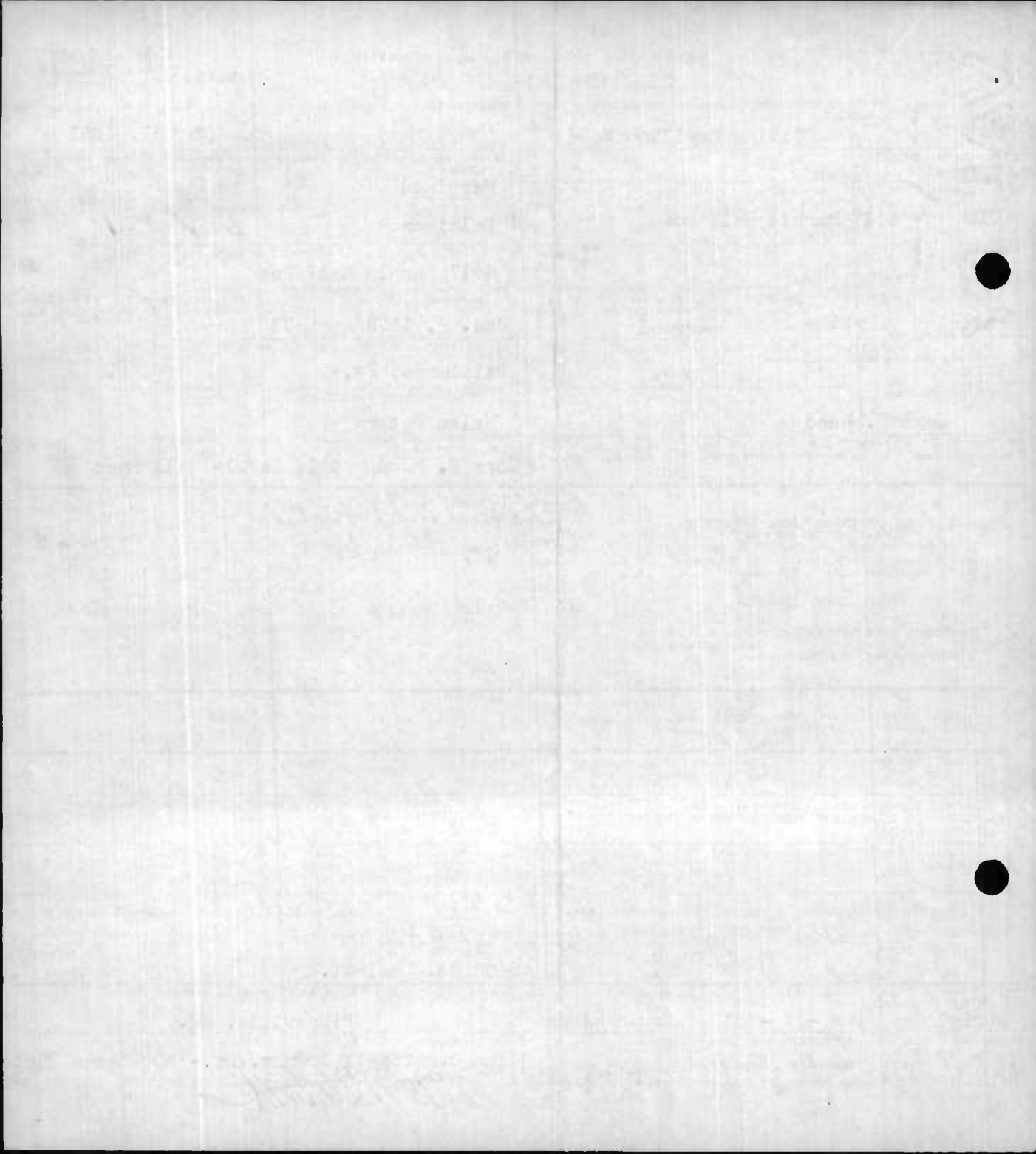
DATE RECEIVED BY
LOCAL REGISTRAR
MAY 31 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place



536
51 4898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4898
Registered No.

1. NAME OF DECEASED (Type or Print) William Forsythe Saunders			2. DATE OF DEATH May 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1825 N. Whitmore Avenue			C. CITY OR TOWN (If outside corporate limits, give name of county and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1825 N. Whitmore Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 8, 1866	9. AGE (In years, last birthday) 84 yrs	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chief Engineer			10B. KIND OF BUSINESS OR INDUSTRY Old Bay Line		
11. BIRTHPLACE (State or foreign country) Dublin, Harford Co., Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles Saunders			14. MOTHER'S MAIDEN NAME Sally Ward		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 228-16-4465		
17. INFORMANT Mrs. Jerry M. Fowler, 2504 Hollins St.			ADDRESS		

18. 4222 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis (A) DUE TO (B) DUE TO (C) DUE TO			CAUSE OF DEATH Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 2		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 11 , 19 51 , to May 28 , 19 51 , that I last saw the deceased alive on May 26 , 19 51 , and that death occurred at 5.30 P.m. , from the causes and on the date stated above.								
23A. SIGNATURE Miss T. Levy			23B. ADDRESS 1844 W. North Avenue			23C. DATE SIGNED 5/29/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE June 1, 1951			24C. NAME OF CEMETERY OR CREMATORY Angel Cemetery		
24D. LOCATION (City, town, or county) (State) Hayre de Grace, Md.								
DATE RECEIVED BY MAY 31 1951			REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.			25. FUNERAL DIRECTOR Wm. J. Williams, Jr.		
			ADDRESS 4510 Liberty Heights Ave.					

CERTIFICATE OF DEATH

1901

1901

Charles H. H. H.

1901

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1901

1901

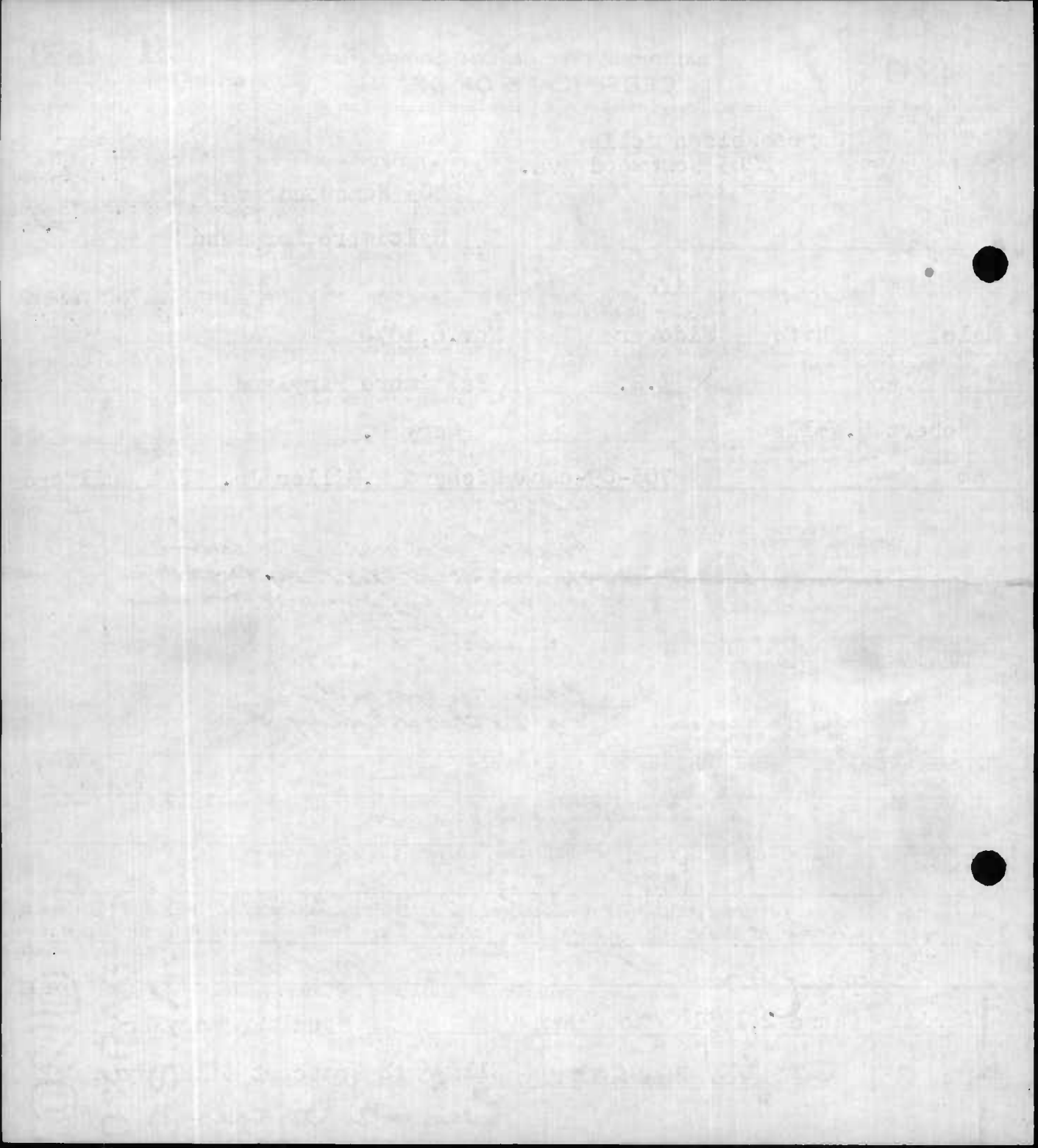
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1901

420
51 4899BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4899
Registered No.

1. NAME OF DECEASED (Type or Print) James Nelson Wells		2. DATE OF DEATH May 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2205 Homewood Ave.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE 2205 Homewood Ave B. COUNTY 9-08	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov. 6, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY B&O R.R.	9. AGE (In years last birthday) 74 II Under 1 Year Months: Days III Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert H. Wells		14. MOTHER'S MAIDEN NAME Mary D. ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 705-09-6461	
17. INFORMANT Richard A. Miller Jr.		ADDRESS 3041 Guilford	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary cardiac failure DUE TO Myocardial degenerative subsequent to coronary thrombosis II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Myocardial Hypertrophy		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr 17, 1951 , to May 30, 1951 , that I last saw the deceased alive on May 30, 1951 , and that death occurred at 4:15 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Harry R. Rude		23B. ADDRESS 1100 E. North Ave	
23C. DATE SIGNED 5/31/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 2, 1951	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn		24D. LOCATION (City, town, or county) (State) Woodlawn Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.	
25. FUNERAL DIRECTOR Ellsworth Armacost		ADDRESS 5118 Gwynn Oak	
VS 150		35050 Ellsworth Armacost 61	

MEDICAL CERTIFICATION



51 4900
C-642BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4900
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <i>John Carlson</i>		2. DATE OF DEATH <i>5/30/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4212 Parkmont Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 27-48</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>5610 Midwood Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>5/9/1876</i>	9. AGE (In years last birthday) <i>75</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Stationary Engineer</i>		11. BIRTHPLACE (State or foreign country) <i>Sweden</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Carl Johnson</i>		14. MOTHER'S MAIDEN NAME <i>Clara Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>079-22-1289A</i>		17. INFORMANT <i>Ruth Ryan</i>	
18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized arteriosclerosis</i>		CAUSE OF DEATH (A) <i>Generalized arteriosclerosis</i> DUE TO (B) _____ DUE TO (C) _____		ADDRESS <i>5610 Midwood Ave</i>	
19. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1947, to <i>May 30, 1951</i> , that I last saw the deceased alive on <i>May 30, 1951</i> , and that death occurred at <i>1:12 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Fredrick J. Wallmer</i>		23B. ADDRESS <i>6100 York Road</i>		23C. DATE SIGNED <i>May 31, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>5/31/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lutheran</i>	
24D. LOCATION (City, town, or county) <i>Long Island N. Y.</i>		24E. FUNERAL DIRECTOR <i>Wm. C. B. 1317 St. Paul St.</i>		24F. ADDRESS	



51 4901

51 4901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Alperstein, Mr Morris

2. DATE
OF
DEATH

31 May 51

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

B. COUNTY

MD

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Shepherd & Pratt Towson 4

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home Hospital

C. Length of stay in Baltimore

6

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

18 May 1891

9. AGE (In years,
last birthday)

60

10. Under 1 Year
Months: Days

2 16

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Piano Tuner

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Joseph Alperstein

14. MOTHER'S MAIDEN NAME

Ester Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fred Alperstein 3305 Bancroft Rd

18. 570.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gangrenous perforation sigmoid colon 20 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Volvulus of sigmoid colon 17 days

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

diabetes

19A. DATE OF OPERATION

9 May 51

19B. MAJOR FINDINGS OF OPERATION

Volvulus of sigmoid colon

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1951, to 31 May, 1951 that I last saw the
deceased alive on 31 May, 1951 and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Dorence J. Eisenberg Church Home Hosp

23B. ADDRESS

23C. DATE SIGNED

31 May

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

Thurston Williams, Jr.

David L. Smith 1922 Place

VS 150

57284

122B

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1. Name of the plant: *...*

2. Locality: *...*

3. Date of collection: *...*

4. Collector: *...*

5. Description of the plant: *...*

6. Uses: *...*

7. Remarks: *...*

216 51 4902

51 4902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

ND-144752

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Blanch Osbrone		May 28, 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)	
A. Baltimore City, Maryland		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION		B. COUNTY	
Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
13 Yrs. 13 Yrs. Mos. Days		912 Druid Hill Ave. (1)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	Negro	Separated	Dec. 27, 1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Servant		Domestic	39
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Maryland		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Osbrone		Mabel Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
no			
17. INFORMANT		ADDRESS	
Records: Baltimore City Hospitals		4940 Eastern Avenue	

18. 002 X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Tuberculosis Far Advanced		12 months
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)		
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
7			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 1-3, 1951 to 5-28, 1951, that I last saw the deceased alive on 5-28, 1951 and that death occurred at 1:40 p.m., from the causes and on the date stated above.

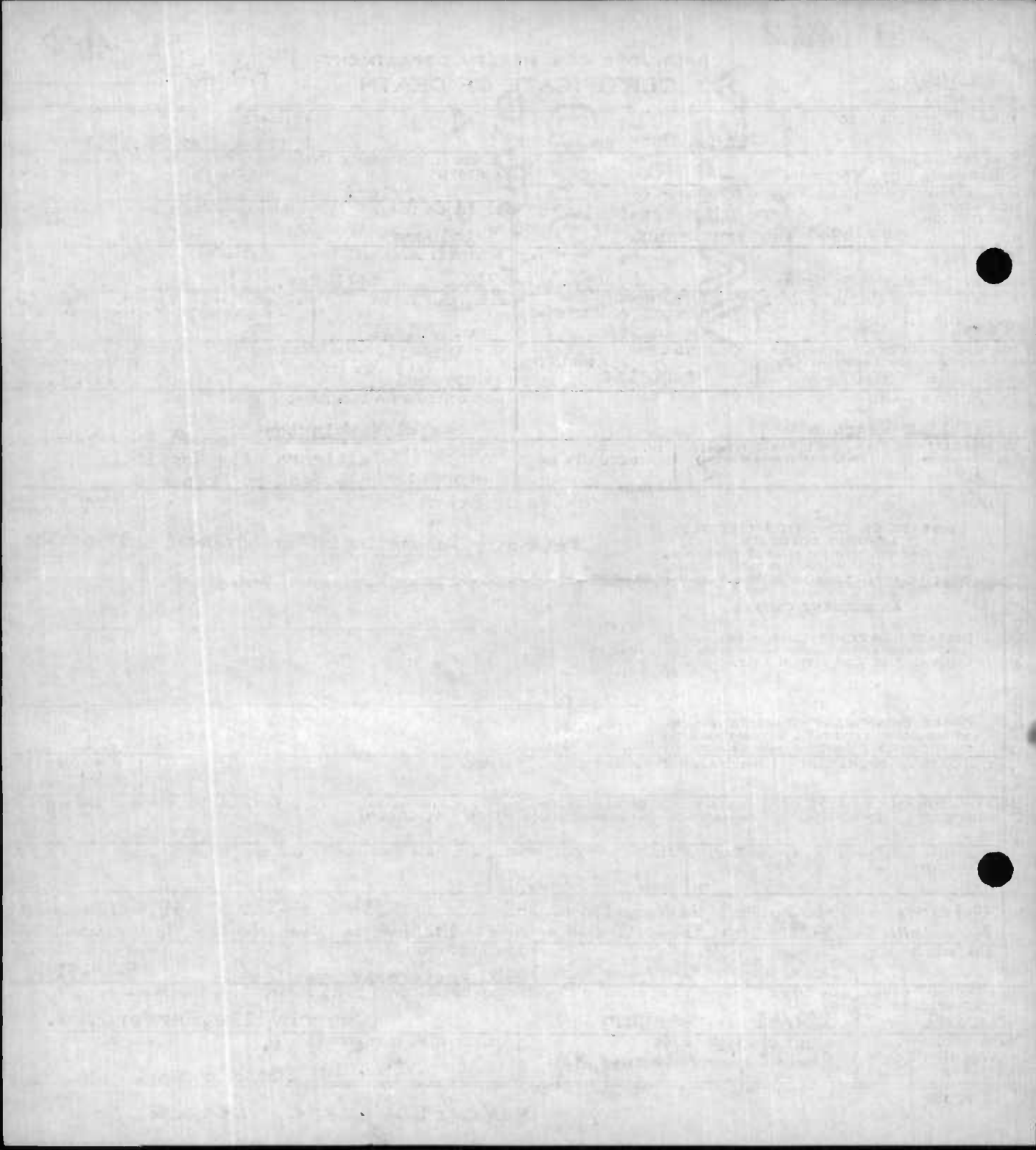
23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
<i>C. S. Egan</i>	M. D. 4940 Eastern Avenue	5-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	6/2/51	Asbury	Churchville, Harford, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S ADDRESS	
JUN 1 1951	<i>William A. Williams</i>	Howard K. Mc Comas & Son	

VS 150

7208A Abingdon Rd 13B

MEDICAL CERTIFICATION



250

51 4903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4903

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard H Dawson

2. DATE
OF
DEATH

May 31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE md

B. COUNTY Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 4703 Hampnett AveC. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Blynden

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Chateawath Ave

5300

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 4 yr. 2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from May 20, 1957, to 5/31, 1957, that I last saw the
deceased alive on 5/31, 1957, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

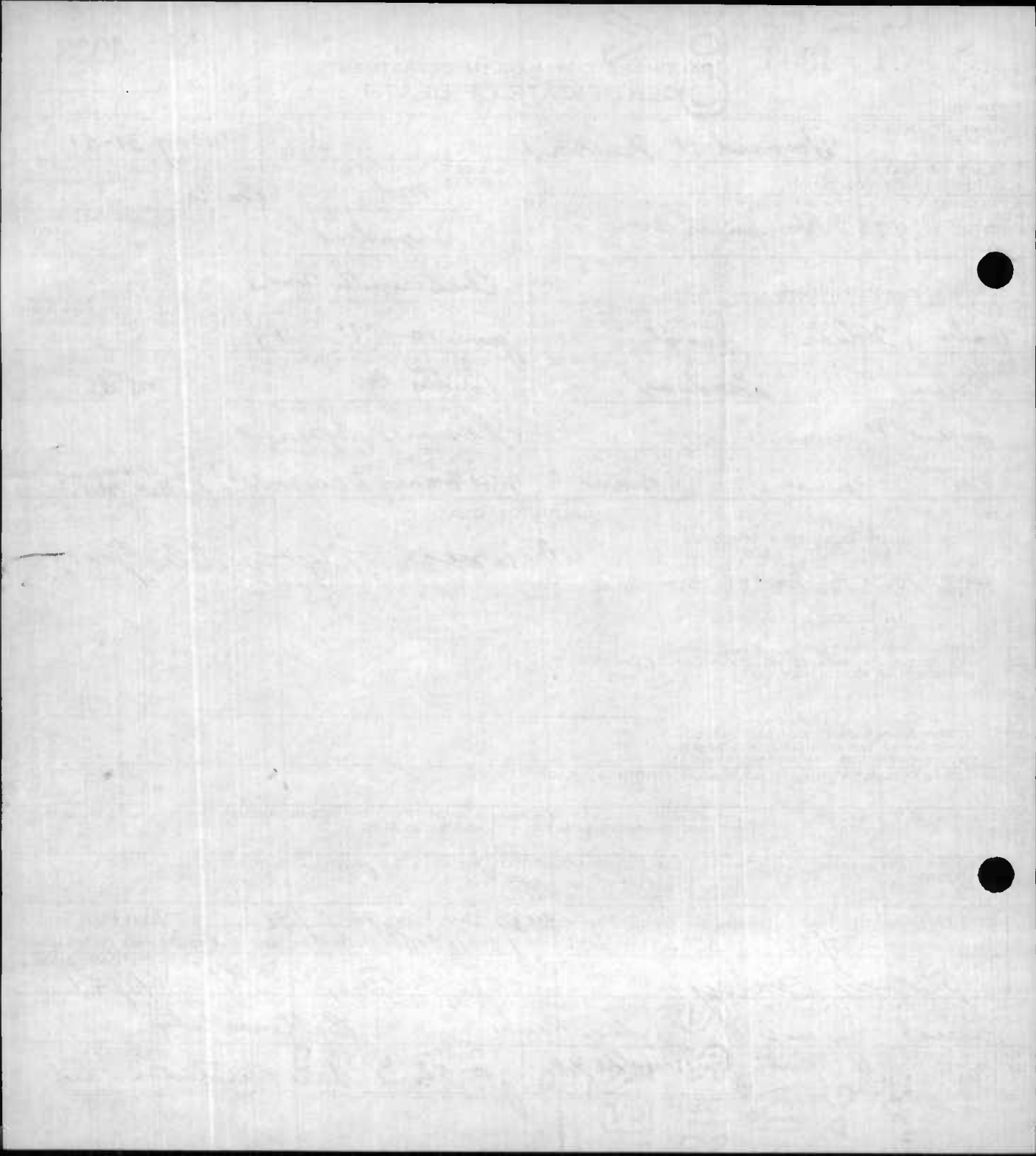
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951



20 51 4904

51 4904

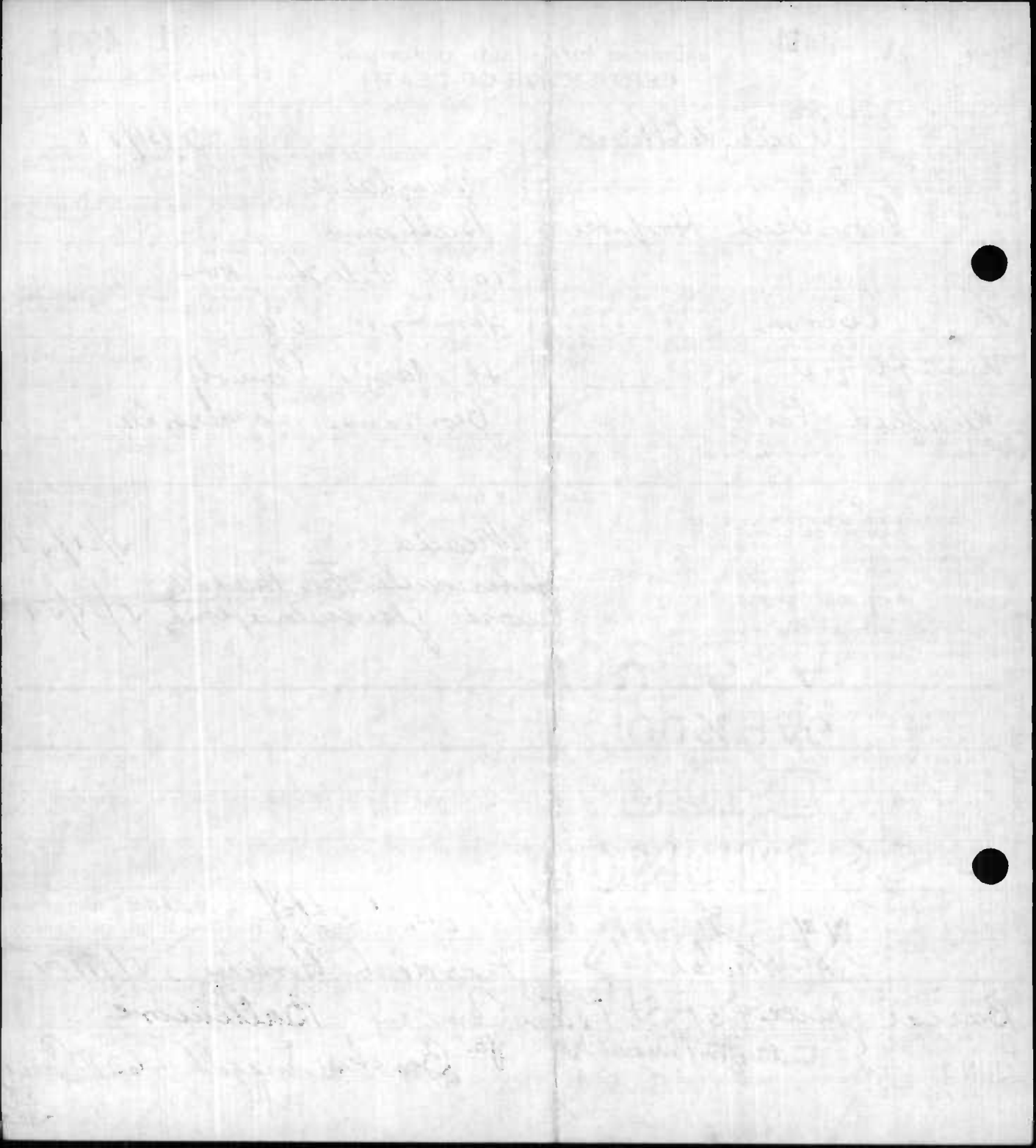
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Price, William</i>		2. DATE OF DEATH <i>5/31/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-01</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1032 Arlington Ave</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>?</i>	8. DATE OF BIRTH <i>January 11</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>COOK RESTAURANT</i>	
13. FATHER'S NAME <i>Wilfred Price</i>		14. MOTHER'S MARDEN NAME <i>Georgianne Somerville</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Uremia</i> DUE TO (B) <i>Arteriosclerotic Heart Disease</i> DUE TO (C) <i>Chronic glomerulonephritis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5/22/51</i> <i>5/31/51</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/22/51</i> , 19 <i>51</i> , to <i>5/31/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>5/31/51</i> , 19 <i>51</i> , and that death occurred at <i>2:15 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. Nicola</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>5/31/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 4/5/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Peter's Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Brooks Suggs</i>		24F. ADDRESS <i>14637 Camp</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 1 1951</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, Jr.</i>		VS 150 <i>7546M</i>	



54 51 4905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4905

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph

CROMWELL

2. DATE
OF
DEATH

May 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

17-02

D. STREET ADDRESS (If rural, give location)

1121 Pennsylvania Ave.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

48

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT

ADDRESS

18. 322.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

May 23, 1951

M.D.

MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 31 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

VS 151

Commissioner of Health

77D

COM

STATE OF TEXAS

OFF

WA

10-07

1921

1922

525
51 4906BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4906
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George N. Longan*2. DATE
OF
DEATH*5/30/57*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Franklin Square Hosp*

C. Length of stay in Baltimore

*40 yrs*Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 20-04

D. STREET ADDRESS (If rural, give location)

2557 Hollins St.

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*11/3/1905*9. AGE (In years,
last birthday)*43*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Chauffeur*10B. KIND OF BUSINESS OR
INDUSTRY*Contracting Co*

11. BIRTHPLACE (State or foreign country)

*Milton Pa.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

William - A. Longan

14. MOTHER'S MAIDEN NAME

*Helen B. Miller*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*-**-*16. SOCIAL
SECURITY NO.*-*

17. INFORMANT

*Gertrude D. Longan Hollins*ADDRESS *2037*18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Disease of the coronary artery - 6 hrs.*
DUE TO *Coronary occlusion*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Angina pectoris*
DUE TO *5 weeks*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) *Cirrhosis of the liver, alcoholic*
4 1/2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct 26, 1946* to *May 30, 1957* that I last saw the
deceased alive on *May 30, 1957* and that death occurred at *4 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

Albert E. Rudman

M. D.

23B. ADDRESS

2517 W. Balb. St.

23C. DATE SIGNED

*5/31/57*24A. BURIAL, CREMA-
TION REMOVAL (Specify)*Burial*

24B. DATE

6/2/57

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cem

24D. LOCATION (City, town, or county) (State)

*3801 Frederick Ave.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christina Williams

25. FUNERAL DIRECTOR

*John J. Towan son Hollins*ADDRESS *2037*

JUN 1 1957

VS 150

683 24

124a

WEST BATTLE OF BATTLE

VALLEY

ON THE

1000

1000

1000

320

51 4907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4907

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie - A. Loetz

2. DATE
OF
DEATH

5-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

33 Upmanor Rd.

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

13. FATHER'S NAME

- Alfred Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

-

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

28-04

D. STREET ADDRESS (If rural, give location)

33 Upmanor Rd.

8. DATE OF BIRTH

2/5/1897

9. AGE (in years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Rene Hart

17. INFORMANT

Edward M. Sullivan

ADDRESS 33 Rd.

Upmanor

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Hypertensive Cardio
Vascular Disease
(essential hypertension)INTERVAL BETWEEN
ONSET AND DEATH

5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1951, to 5-30, 1951, that I last saw the
deceased alive on 5-26, 1951, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Urlock, Jr.

M. D.

23B. ADDRESS

1227 Wash Blvd

23C. DATE SIGNED

5-31-51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

6/4/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem. 4300 Old Frederick Rd.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Eugene Williams, Jr.

25. FUNERAL DIRECTOR

John J. Bowman & Son

ADDRESS 901 St.

Hollins

VS 150

93D

MEDICAL CERTIFICATION

STATE OF TEXAS

COUNTY OF DALLAS

IN SENATE

January 1, 1901

REPORT

OF THE

COMMISSIONER OF THE

LAND OFFICE

TO THE

LEGISLATURE

OF THE

STATE OF TEXAS

FOR THE

YEAR 1900

AND

THE

PROGRESS

OF THE

LAND OFFICE

IN

THE

YEAR 1900

AND

THE

PROGRESS

OF THE

LAND OFFICE

IN

THE

YEAR 1900

AND

THE

PROGRESS

OF THE

LAND OFFICE

IN

THE

YEAR 1900

AND

THE

PROGRESS

OF THE

LAND OFFICE

IN

THE

YEAR 1900

51 4908

51 4908

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CATHERINE MAY VERMILLION		May 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3310 Menlo Drive		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-20	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3310 Menlo Drive	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 5, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 74
13. FATHER'S NAME John C. Angelmier		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Sarah C. Collins	
17. INFORMANT		ADDRESS Dr. Mr. Clarence T. Vermillion Sr.-3310 Menlo	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Coronary Embolism</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 week 1 week
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Cerebral Embolism</u> DUE TO		
(C) <u>Anterior Scleroma</u> DUE TO		

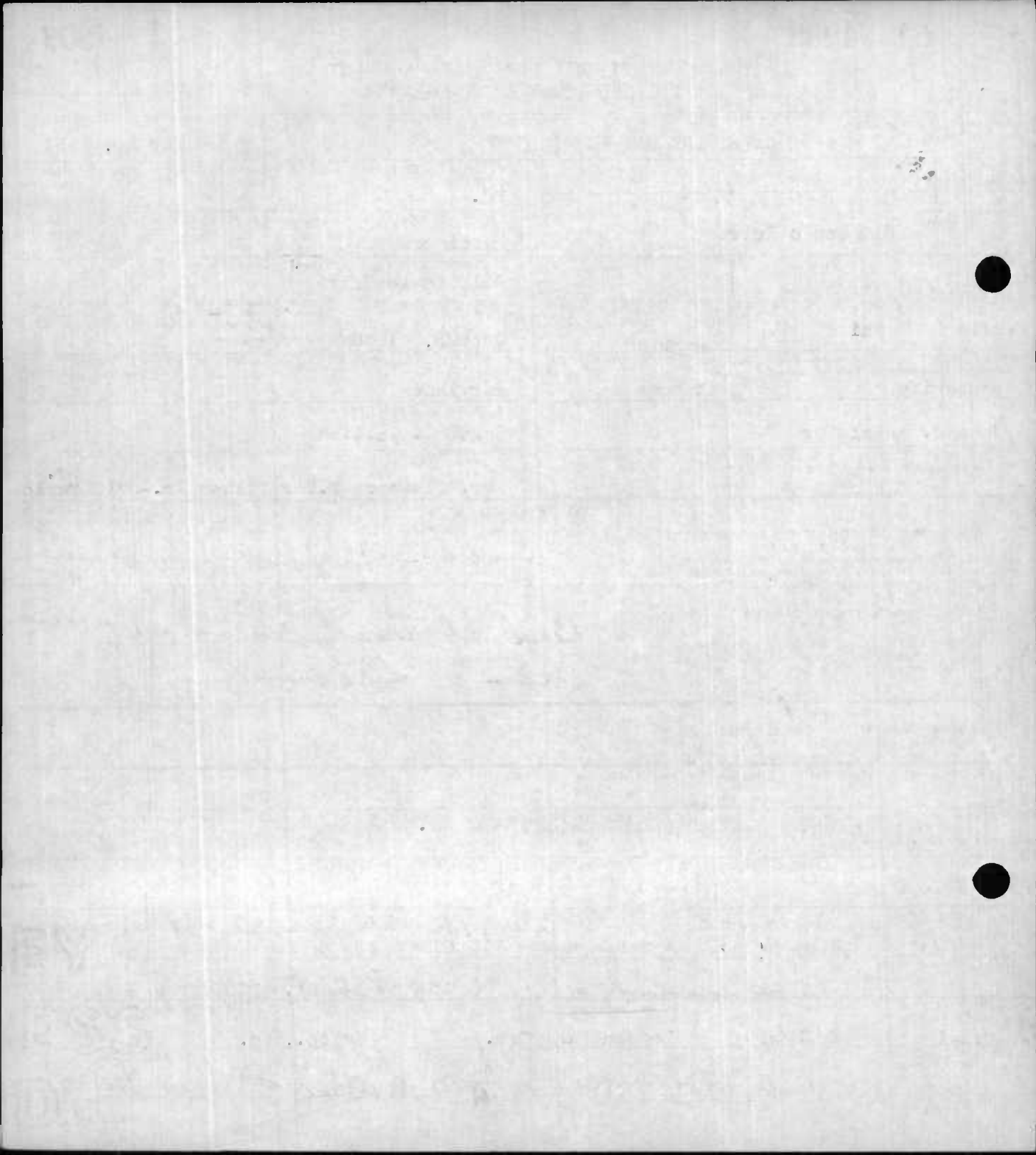
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 16, 1951 to May 30, 1951 that I last saw the deceased alive on May 30, 1951, and that death occurred at 10:4 a. m., from the causes and on the date stated above.

23A. SIGNATURE <u>C. C. [Signature]</u> M. D.		23B. ADDRESS 45-09 [Address]		23C. DATE SIGNED May 31	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/2/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.					

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR <u>[Signature]</u>	
JUN 1 1951				ADDRESS 94a Md.	



252

51 4909

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4909

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MERCER Bowman McCOMAS

2. DATE
OF
DEATH

5-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

2-62

D. STREET ADDRESS (If rural, give location)

3032 St. Paul St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 11, 1893

9. AGE (in years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Investments

10B. KIND OF BUSINESS OR
INDUSTRY

Banking

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Mr. George A. McComas

14. MOTHER'S MAIDEN NAME

Virginia Mercer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War #1

16. SOCIAL
SECURITY NO.

212-01-1570

17. INFORMANT

ADDRESS

Mrs. Alma F. McComas - 3032 St. Paul St.

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral & Liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1951, to May 31, 1951, that I last saw the
deceased alive on May 31, 1951, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Alvin Gonzalez

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

5-31-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-2-51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Woodlawn

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Taylor & Sons

25. FUNERAL DIRECTOR

ADDRESS

Baltimore Md.

VS 150

270 72

124 B

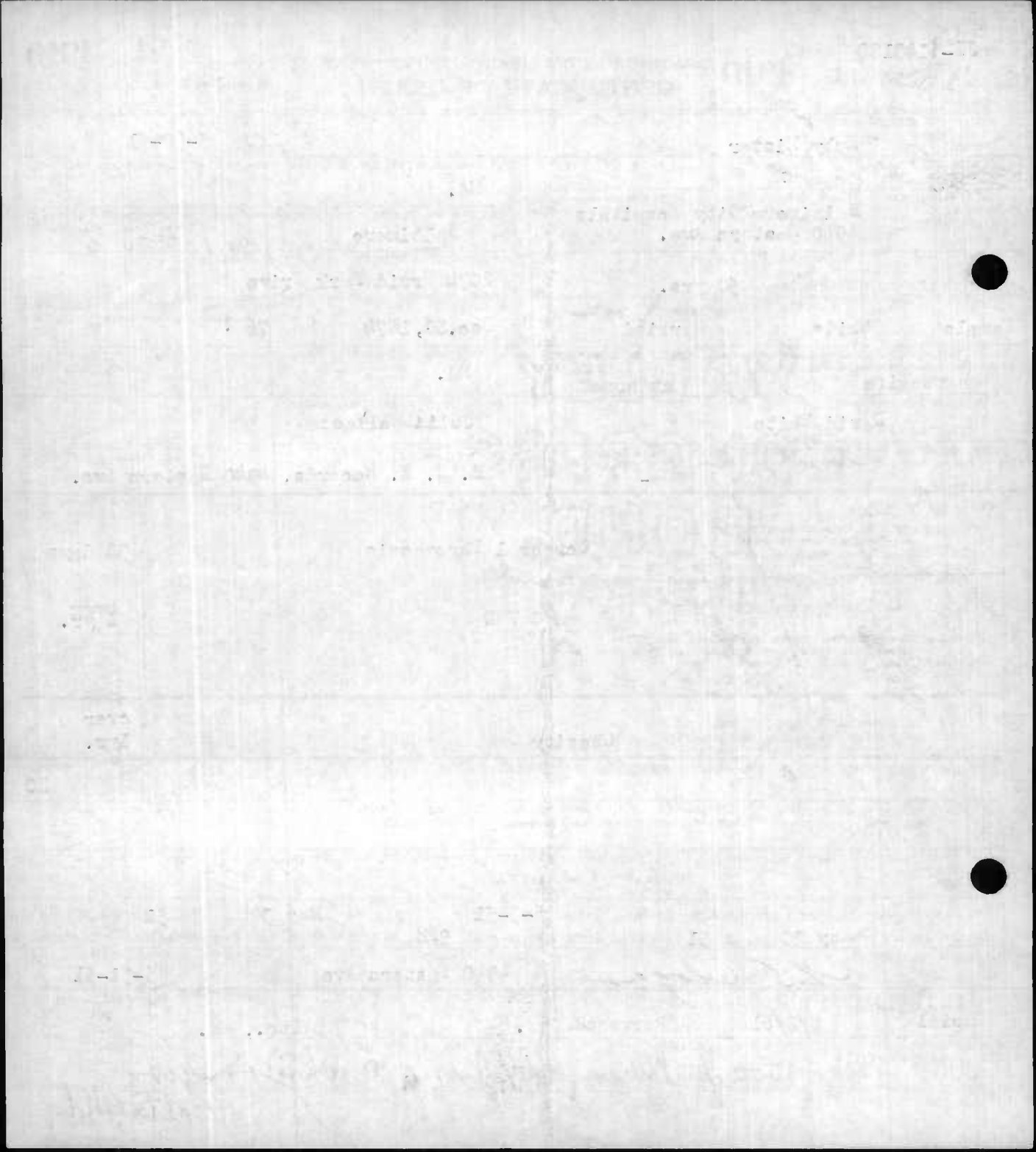
MEDICAL CERTIFICATION

1944

1. NAME OF DECEASED (Type or Print) Ruby, Mister		2. DATE OF DEATH 5-30-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 50 yrs. Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2074 Druid Park Drive	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 30, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 76 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME David White		14. MOTHER'S MAIDEN NAME Julia Wallace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.		ADDRESS _____	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO _____ (A) _____ ANTECEDENT CAUSES H C V D (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obesity		INTERVAL BETWEEN ONSET AND DEATH 32 days over 1 yr. over 1 yr.
--	--	--

19A. DATE OF OPERATION 5-3-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-3-51 , 19 51 , to May 30 , 19 51 at I last saw the deceased alive on May 30 , 19 51 and that death occurred at 9 PM m., from the causes and on the date stated above.					
23A. SIGNATURE R. S. Cloger M. D.		23B. ADDRESS 4940 Eastern Ave		23C. DATE SIGNED 5-31-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/2/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1951		REGISTRAR'S SIGNATURE Wm. J. Dickner		25. FUNERAL DIRECTOR Wm. J. Dickner & Sons 937 Balto, Md.	



51 4911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4911

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Shure, Harry Walter

2. DATE
OF
DEATH

May 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

Length of stay in Baltimore

50 yr.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3025 Brighton St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 23, 1879

9. AGE (In years
last birthday)

71

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pensioner

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

13. FATHER'S NAME

Conductor

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

Spanish-American

16. SOCIAL
SECURITY NO.

A 213-10-0387

17. INFORMANT

ADDRESS

Mrs. Guinnette K. Shure 3025 Brighton St.

18.

181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Papillary carcinoma, bladder, infil-
trating

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1951 to May 31, 1951, that I last saw the
deceased alive on May 31, 1951 and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

May 31, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-2-1951

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Park

24D. LOCATION (City, town, or county)

Elkridge,

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

G. Howard Strong

3207 W. North Ave.

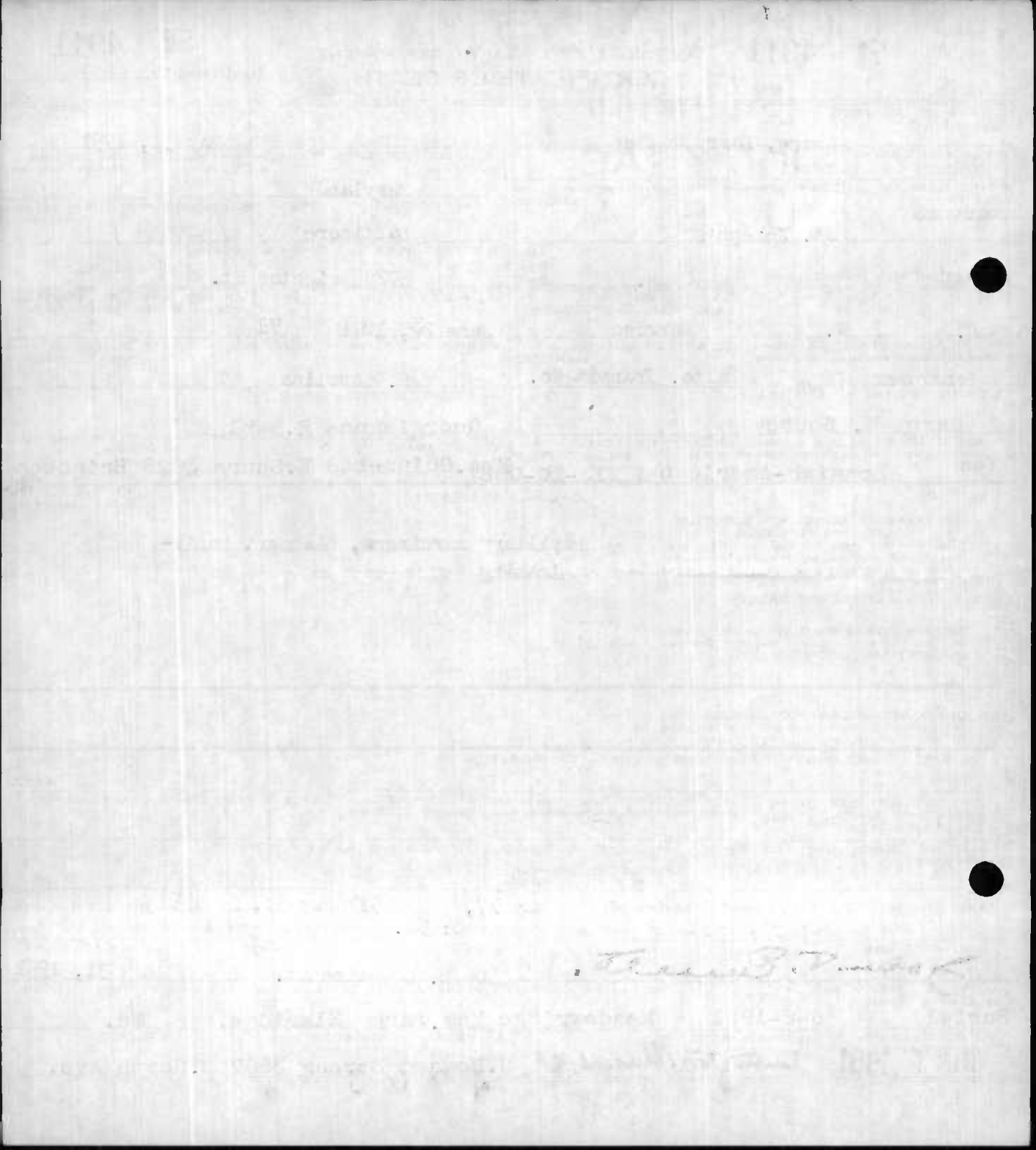
VS 150

631

51

52B

MEDICAL CERTIFICATION



250 51 4912

51 4912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) -

Nathan Luskin

2. DATE
OF
DEATH

May 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3803 Barrington Rd.

C. Length of stay in Baltimore

31

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years last birthday)

53

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Businessman

10B. KIND OF BUSINESS OR INDUSTRY

Furniture store

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Aaron

14. MOTHER'S MAIDEN NAME

Ida

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dora Luskin - Lane

18.

150X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of esophagus

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from May 24, 1951, to May 31, 1951, that I last saw the deceased alive on May 31, 1951 and that death occurred at 10:05 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

T. Williams, M.D.

2100 Eutaw Pl

VS 150

29066

46a

MEDICAL CERTIFICATION

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

600

51 4913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4913

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie C Carr

2. DATE
OF
DEATH

May 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

905 E Chase St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

905 E Chase St

6. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 2, 1892

9. AGE (In years,
last birthday)

59

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teller

10B. KIND OF BUSINESS OR
INDUSTRY

Bank & Electric

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John J. Carr

14. MOTHER'S MAIDEN NAME

Frances Holden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-45-5464

17. INFORMANT

ADDRESS

Frances Carr 905 E Chase St

18. 175X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) Adeno carcinoma, Ovary,
with Abdominal MetastasisINTERVAL BETWEEN
ONSET AND DEATH

8 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1950, to May 29, 1951, that I last saw the
deceased alive on May 28, 1951, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Corr. H. Kammer, D. M. D.

501 Sheridan Ave.

May 31, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

Huntington Williams, Jr.

Rita Wiedefeld 900 E Beddell St

VS 150

320 SE 4 0 5

49a

MEDICAL CERTIFICATION

1050

47

3

43

46

1905

1

450 51 4914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4914

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Marie J. Klein

2. DATE
OF
DEATH

6-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

318 S. Parrish St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 19-23

D. STREET ADDRESS (If rural, give location)

318 S. Parrish St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

FEMALE White

MARRIED

Aug 1, 1914

36

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. EYLER

14. MOTHER'S MAIDEN NAME

MARIE OETIKEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

214-12-4086 CHAS A. KLEIN 318 S. Parrish St

18. 416X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Rheumatic Heart Disease

1 yr.

ANTECEDENT CAUSES

DUE TO

chronic, inactive

(over)

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from April 7, 1951, to May 31, 1951, that I last saw the
deceased alive on May 31, 1951, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Kermisch

M. D.

23B. ADDRESS

1934 Wilkens Av.

23C. DATE SIGNED

Jun 1, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

William H. EYLER

B. M. Walters

H. C. Clunker

See Document File 51-4914

7/16/51

ES

512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4915

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RIMBACH

MR

JOHN

2. DATE
OF DEATH

5/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Church Home Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 3

D. STREET ADDRESS (If rural, give location)

131 N. Rose Street

131 N. Rose

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year 11. Under 24 Hours

Male

White

widowed

Nov 6 1877

57

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

PIPERITIER

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 241X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Status asthmaticus

DUE TO

Asthma

(B)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

myocardial degeneration & hemorrhages

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/24, 1951, to 5/30, 1951, that I last saw the deceased alive on 5/30, 1951, and that death occurred at 9:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Ruth Moore MD

M. D.

Church Home Hospital

5/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 4-51

Oak Lawn Cem.

Balto.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

Huntington Williams, MD

John H. Miller

2334 Jefferson St.

VS 150

574 5E

124a

MEDICAL CERTIFICATION

255
51 4916BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4916

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George Herman Bachman			2. DATE OF DEATH May 31, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 124 S. Ellwood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 124 S. Ellwood Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 13, 1868	9. AGE (In years last birthday) 83	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			11. BIRTHPLACE (State or foreign country) Baltimore Md.		
10B. KIND OF BUSINESS OR INDUSTRY Confectionary			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME George Bachman			14. MOTHER'S MAIDEN NAME ? ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. -----		
17. INFORMANT Herbert Bachman			ADDRESS 124 S. Ellwood Ave		

18. **592x** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **ARTERIOSCLEROSIS**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

10 1/2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **CHRONIC INT. NEPHRITIS**

DUE TO

2 YRS.

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

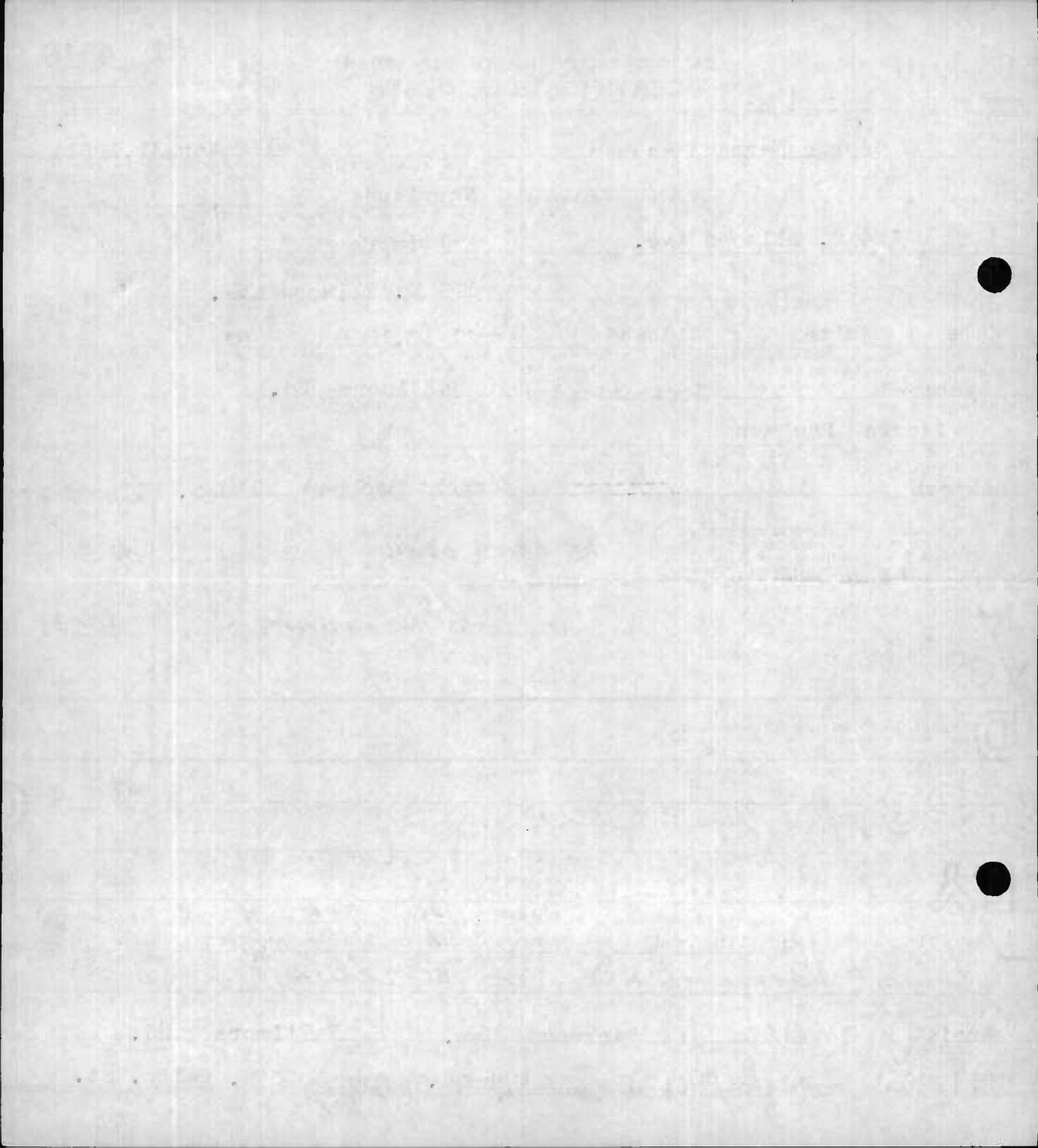
22. I hereby certify that I attended the deceased from **JUNE 1948** 19__ to **MAY 31**, 19**51**, that I last saw the deceased alive on **MAY 31**, 19**51**, and that death occurred at **6 A.** m., from the causes and on the date stated above.23A. SIGNATURE **James F. Kavanagh M.D.** 23B. ADDRESS **3014 Mc Evedy St** 23C. DATE SIGNED **6-1-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/4/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
--	----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR **JUN 1 1951** REGISTRAR'S SIGNATURE **John A. Moran** 25. FUNERAL DIRECTOR ADDRESS **3000 E. Balto. St.**

VS 150

131a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4917**

536
BIRTH NO. **4917**

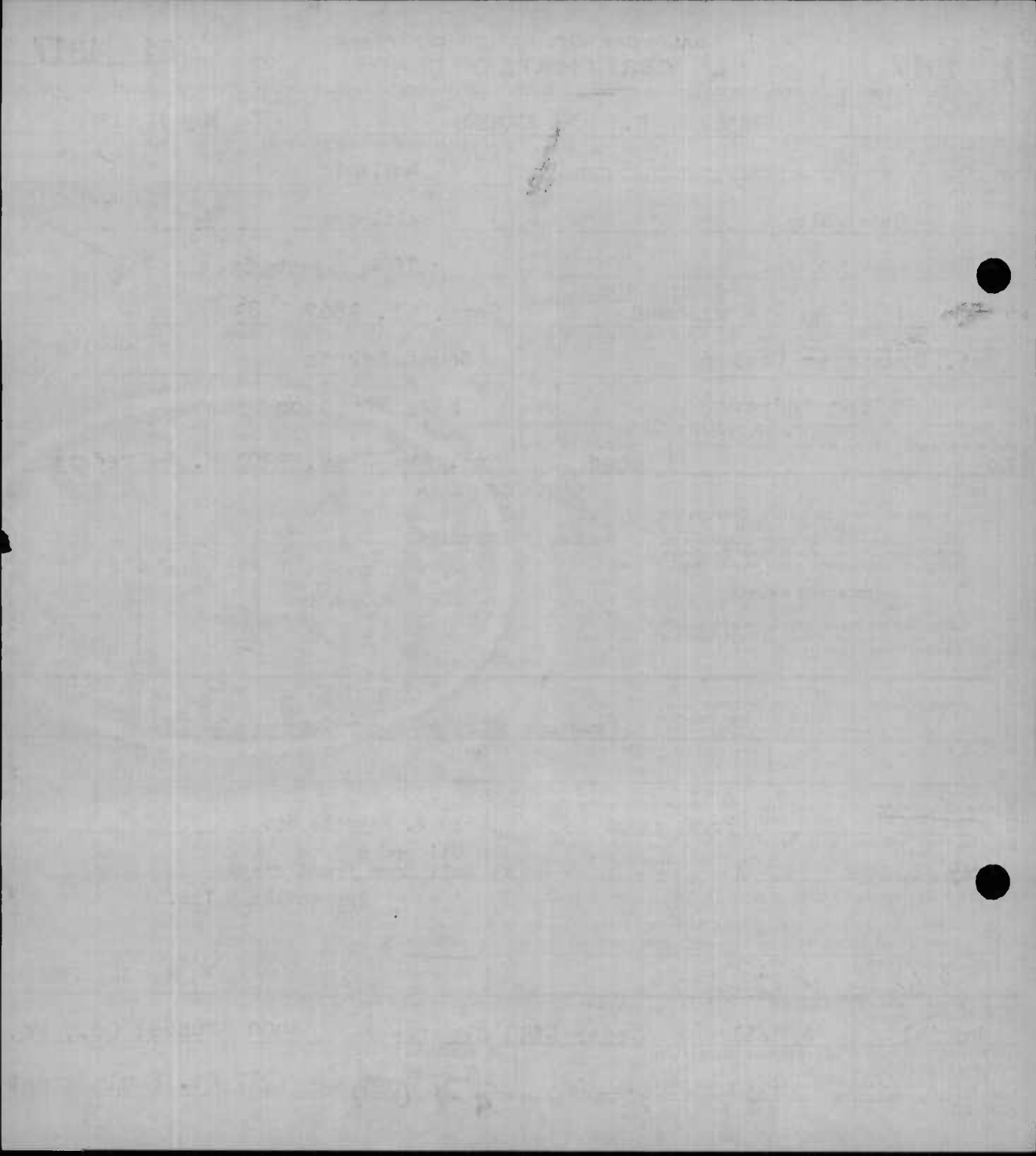
1. NAME OF DECEASED (Type or Print) FRANK P. ANDREWS			2. DATE OF DEATH May 31, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 510 W. Fayette St.			5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
6. COLOR OR RACE Male	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) White	8. DATE OF BIRTH Sept. 12, 1867	9. AGE (in years last birthday) 83	10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Newspaper Dealer			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Walter Andrews			14. MOTHER'S MAIDEN NAME Mary Thompson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Eva Shea, 3301 W. Belvedere			ADDRESS		

18. E 900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Skull fracture DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture of right femur		

19A. DATE OF OPERATION May 31, 1951	19B. MAJOR FINDINGS OF OPERATION Front steps	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Front steps	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 510 W. Fayette St.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 31, 1951 10 A m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Slipped & Fell down front steps

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Cook</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 31, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 6/2/51	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery		24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1951		25. FUNERAL DIRECTOR ADDRESS Wm. Cook & Inc. 1217 St. Paul Street			



436
51 4918

51 4918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Frank Walters		2. DATE OF DEATH May 31, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1504 Battery Avenue		C. CITY OR TOWN Baltimore	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1504 Battery Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 11, 1885
9. AGE (In years last birthday) 65		10. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frank Walters		14. MOTHER'S MAIDEN NAME Mamie Goller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Francis S. Walters, 1504 Battery Ave.		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure Edeema	CAUSE OF DEATH (A) DUE TO Coronary Artery Disease	INTERVAL BETWEEN ONSET AND DEATH 2 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis ev - Dis.	(B) DUE TO Arteriosclerosis ev - Dis.	2
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		2

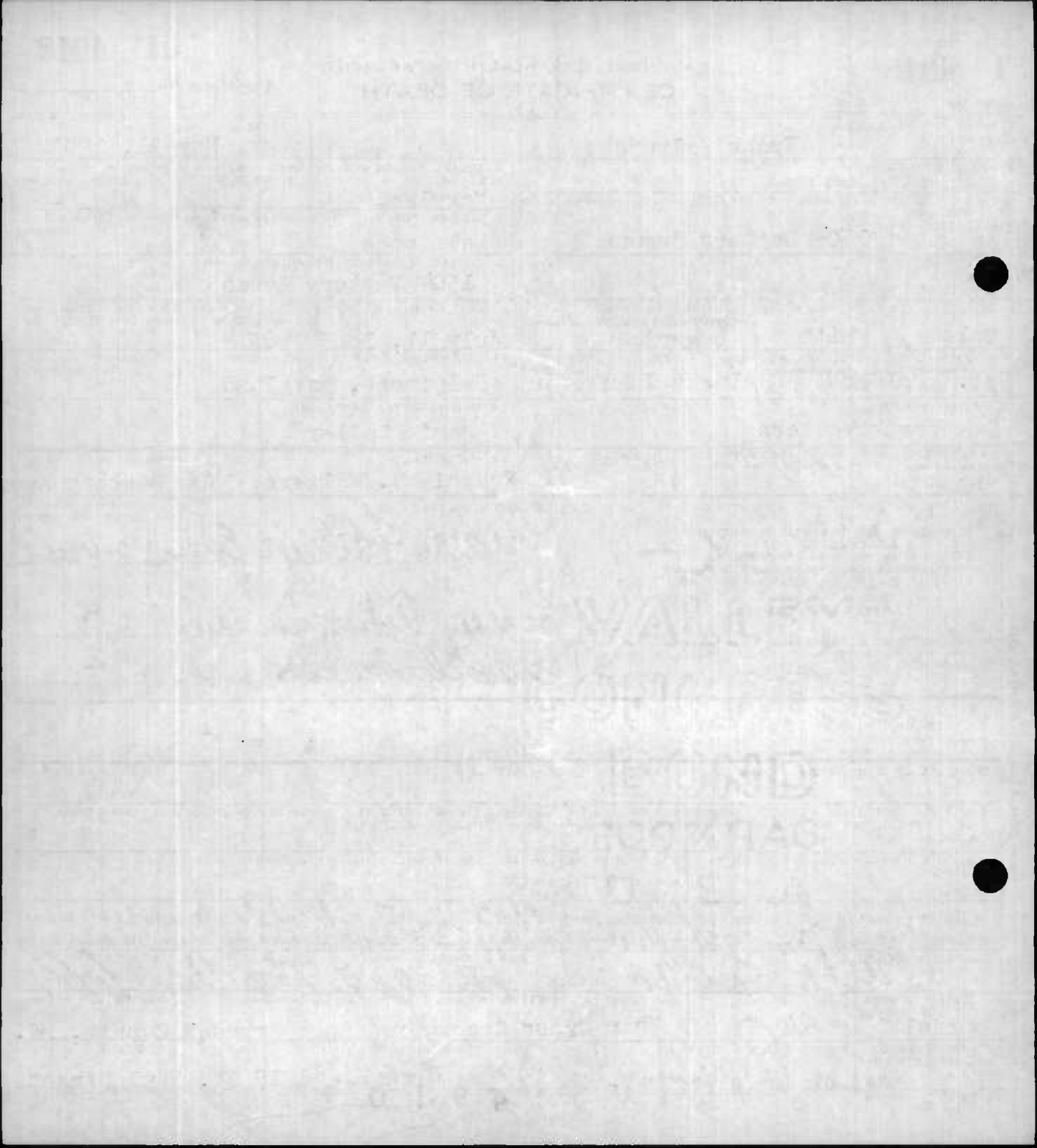
19A. DATE OF OPERATION 6/2/51	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24 , 19 51 , to 5/31/51 , 19 51 , that I last saw the deceased alive on 5/28 , 19 51 , and that death occurred at 7:30 A. M., from the causes and on the date stated above.			
23A. SIGNATURE Walter T. Tolson	23B. ADDRESS 150 1025 Fort Ave	23C. DATE SIGNED 6/1/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 6/2/51	24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery	24D. LOCATION (City, town, or county) (State) Anne Arundel County, Md.

DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1951	REGISTRAR'S SIGNATURE Wm. Cook Inc.	25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street
---	---	---

VS 150
690 384 910
93D

MEDICAL CERTIFICATION



620
1 4919BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4919
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Ayers

2. DATE
OF
DEATH

6-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.D. and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

638 W. Fayette Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 8, 1884

9. AGE (In years
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Ret. Window Cleaner10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Ayers

14. MOTHER'S MAIDEN NAME

Susan Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Emma Warner, 843 W. 34th Street

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic pulmonary tuberculosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31-1951 to 6-1-1951 that I last saw the
deceased alive on 6-1-1951 and that death occurred at 2:40 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

6/4/51

St. Mary's Cemetery (Hampden)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

Huntington Williams, Jr.

Wm. Cook, Inc. 1217 St. Paul St.

100

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

525
4920BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4920

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John Frederick Johnson Jr.		May 30-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address on location)		A. STATE Maryland			
C. CITY OR TOWN (If outside corporate limits, give RURAL and township)		Baltimore 27-07			
D. STREET ADDRESS (If rural, give location)		4507 Hampnett Ave			
C. LENGTH OF stay in Baltimore		Yrs. Mos. Days			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
male		white		widowed	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Salesman		Parkwood Inn		Jan. 15-1887	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE (In years last birthday)	
John F. Johnson Sr.		Higgins		64	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)				Ms. Maynard Johnson, Hampnett	
18. 470-1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary Thrombosis		1 day	
DUE TO		(B) Coronary Sclerosis		5 years	
DUE TO		(C)			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1935, 19 to 5-30-1951, that I last saw the deceased alive on 1-19-1951, and that death occurred at 2 P.m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
		C. W. Peake		4508 Harford Road	
		M. D.		5-31-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/3/51		Parkwood	
24D. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR		24E. ADDRESS	
Baltimore Md		L. J. Duck		305 Harford Rd.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
JUN 1 1951		L. J. Duck		305 Harford Rd.	
VS 150		49074		94a	

Dr. Peake
4508

160
1 4921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4921

1. NAME OF DECEASED (Type or Print) SCHAEFFER, FRANK (FRANCIS J)		2. DATE OF DEATH 5/31/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2804 Westfield Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2804 Westfield Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-07	
D. STREET ADDRESS (If rural, give location) 2804 Westfield Ave		E. LENGTH OF STAY IN BALTIMORE Yrs. 0 Mos. 0 Days 0	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16-1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Desk Mgr		10B. KIND OF BUSINESS OR INDUSTRY Shaysman Co. MACHINERY (M)	
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Francis J. Schaeffer		14. MOTHER'S MAIDEN NAME Ella Hughes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 332X 1	
17. INFORMANT Mrs. Christine L. Schaeffer same		ADDRESS same	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis DUE TO Pulmonary edema INTERVAL BETWEEN ONSET AND DEATH 10 days 4 yrs - 6 months			
19. DATE OF OPERATION 0 19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		23. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
24. TIME (Month) (Day) (Year) (Hour) OF INJURY		25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
26. HOW DID INJURY OCCUR?		27. I hereby certify that I attended the deceased from 1946 , 19 51 , to 5/31 , 19 51 , that I last saw the deceased alive on 6/31 , 19 51 , and that death occurred at 7:00 p.m., from the causes and on the date stated above.	
28. SIGNATURE Walter F. Farley, Jr. M. O.		29. ADDRESS 4331 Harford Rd	
30. DATE SIGNED 5/31/51		31. NAME OF CEMETERY OR CREMATORY New Cathedral	
32. LOCATION (City, town, or county) Baltimore		33. STATE Md	
34. DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1951		35. REGISTRAR'S SIGNATURE Walter F. Farley, Jr.	
36. FUNERAL DIRECTOR L. J. Ruck		37. ADDRESS 5305 Harford Rd	

MEDICAL CERTIFICATION

350 3L 409 1 3

83B

WEDNESDAY

[Faint, illegible handwriting on lined paper, likely bleed-through from the reverse side. The text is mostly illegible due to fading and the quality of the scan.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4922

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 517 S. CURLEY ST.

(c) Hospital or institution:

HOME

(d) Length of stay in hospital or inst. (yrs., mos., or days) -

Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) FULL NAME SAMUEL NAZZARO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

M

5. Color or race

W

6 (a) Single, married, widowed, or divorced.

W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

MAY 1864

8. AGE: Years

87

Months

Days

If less than one day

hr.

min.

9. Birthplace

NAPLES ITALY

(Town, county, and state)

10. Usual Occupation

LABORER

11. Industry or business

BALTO. CITY

12. Name

13. Birthplace

Italy

14. Maiden Name

15. Birthplace

Italy

16 (a) Informant

(b) Address

17 (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

May 2, 1951

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 JUN 1 1951

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

5/30/

19 51, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 1, 1951, to MAY 30, 1951, and that I last saw him alive on 5/30, 19 51.

Immediate cause of death

CARCINOMA OF BLADDER

Duration

1 YR.

Due to

Due to

Other Conditions

ARTERIOSCLEROSIS GENERALIZED

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Henry J. Houska

Address

133 S. E. 1st Ave

Date signed 5/30/51

M. D.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

400
4923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4923

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Howard Della</u>		2. DATE OF DEATH <u>31 May 51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church Home + Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>23-01</u>			
Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1144. S. Hanover St.</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 3, 1872</u>	9. AGE (In years last birthday) <u>79</u>	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>George W. Della</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Mills</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Patient. (Howard Della)</u>	

18. <u>442X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Arteriosclerotic Cardiovascular</u> DUE TO <u>Renal Disease.</u> With Terminal uremia and Acidosis (B) _____ DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Duodenal Ulcer.</u>					
19A. DATE OF OPERATION <u>28 May 51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Duodenal Ulcer.</u>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>28 May, 1951</u> , to <u>31 May, 1951</u> , that I last saw the deceased alive on <u>31 May, 1951</u> , and that death occurred at <u>3:40 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Joseph C. Eusebio</u> M. D.		23B. ADDRESS <u>Church Home & Hosp</u>		23C. DATE SIGNED <u>31 May 51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>June 4, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>	
24D. LOCATION (City, town, or county) <u>A. A. Co</u>		25. FUNERAL DIRECTOR <u>A. J. Howard Evans</u>		ADDRESS <u>1400 S. Bland St.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 1 1951</u>		REGISTRAR'S SIGNATURE <u>W. H. Williams</u>		VS 150	

MEDICAL CERTIFICATION

11712

1953

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY FOR RESEARCH

U.S. GOVERNMENT PRINTING OFFICE

500
1924BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4924

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES EDWARD BONNEY, Sr.

2. DATE
OF
DEATH

6-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital of Md Inc

C. Length of stay in Baltimore

1 yr

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6-16-1871

9. AGE (In years
last birthday)

79

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

salesman (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Edw Bonney

14. MOTHER'S MAIDEN NAME

Mary Phillips

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. James E. Bonney, Jr., 3413 Cedardale Rd

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(A) Anterior-lateral CVD = Cardiac Failure
DUE TO (aggravated by :-)(B) INTESINAL obstruction, complete
DUE TO(C) Carcinoma of Sigmoid
Sigmoid Resection & Enterostomy.

19A. DATE OF OPERATION

5-29-51

19B. MAJOR FINDINGS OF OPERATION

Annular Ca obstructing Sigmoid proximally

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20 1951, to 6-1 1951, that I last saw the
deceased alive on 6-6 1951, and that death occurred at 1234 Am., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/4/51

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Wash. Blvd., Dorsey, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

25. FUNERAL DIRECTOR

ADDRESS

46 E Balt Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4925**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUSSELL M. REDDERT

2. DATE
OF
DEATH

May 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

612 E. Pratt Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 28, 1900

9. AGE (in years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired seaman

10B. KIND OF BUSINESS OR INDUSTRY

U. S. N.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John D. Reddert

14. MOTHER'S MAIDEN NAME

Mary Kiefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

yes

World #1 & #2

16. SOCIAL SECURITY NO.

-212-20-2581

17. INFORMANT

Mr. Earl J. Reddert - 94 Green Ave., Madison, N. J.

18. **DOX**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary tuberculosis**

CAUSE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CAUSE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
May 30, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/1/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cincinnati, Ohio

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

JUN 1 1951

25. FUNERAL DIRECTOR

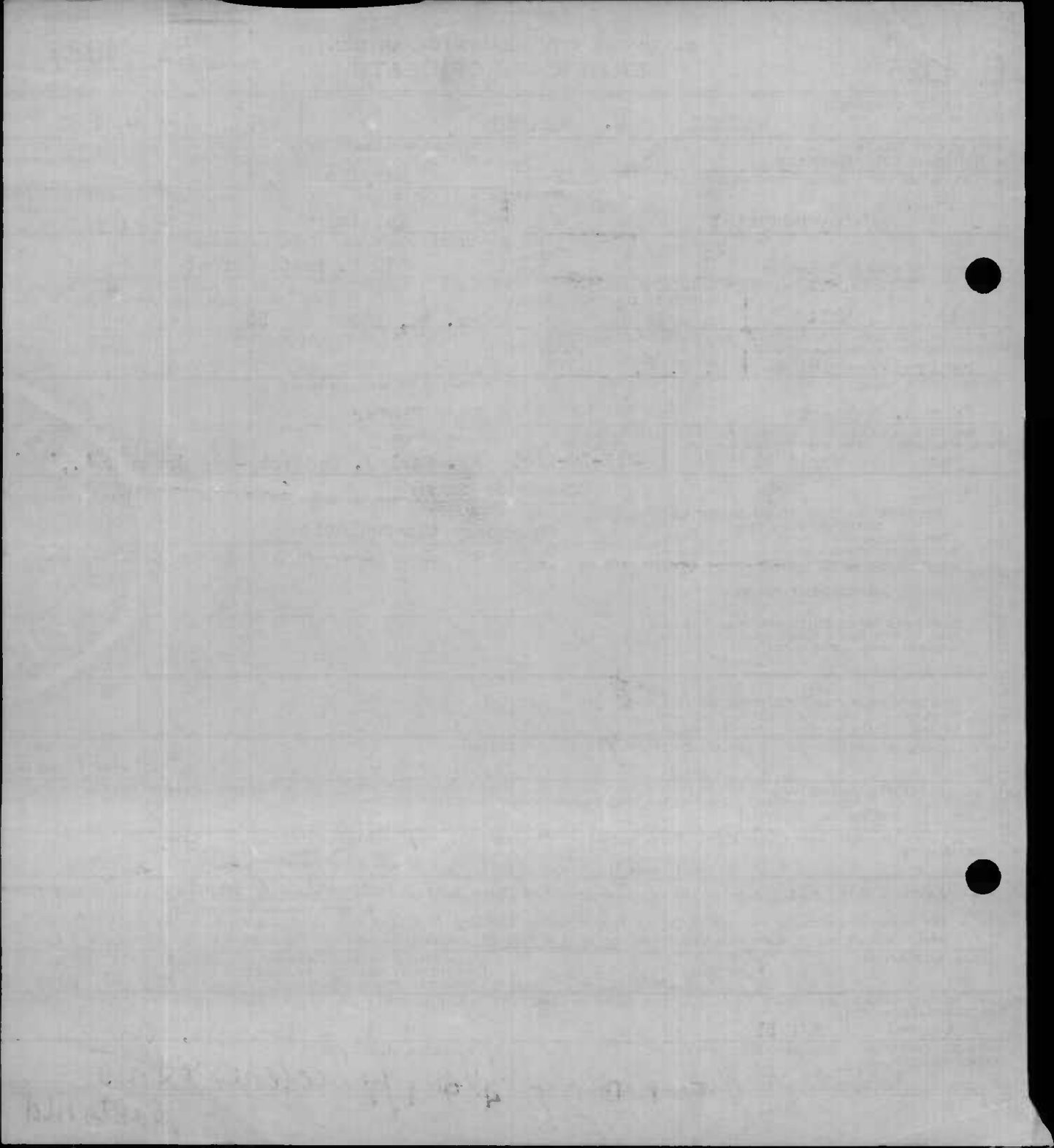
Wm. J. Lickens & Sons

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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4926**

**252
12-8926**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILSON ASKINS (ASKEW)		2. DATE OF DEATH May 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give town or village) Baltimore	
D. STREET ADDRESS (If rural, give location) 822 W. Franklin St.		17-03	
5. SEX Male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3/9/1914	
9. AGE (In years last birthday) 37		10. UNDER 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Shipyard	
11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ernest Askins		14. MOTHER'S MAIDEN NAME Annie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 230-16-7996	
17. INFORMANT Jas. Askins - 923 Argyle Ave. (B)		ADDRESS	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED May 31, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/3/57		24C. NAME OF CEMETERY OR CREMATORY Tyler Cem	
24D. LOCATION (City, town, or county) Windsor Va.		(State)			

DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1951		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		25. FUNERAL DIRECTOR Chas. ...	
ADDRESS		ADDRESS		ADDRESS	

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MEDICAL CERTIFICATION

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THE UNIVERSITY OF CHICAGO

LIBRARY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 4927**BIRTH NO. **51 4927**

1. NAME OF DECEASED (Type or Print) CLARA R. HERR		2. DATE OF DEATH May 31, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3704 Chesholm Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3704 Chesholm Rd.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 17, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9. AGE (In years last birthday) 70	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ba. Md.	
13. FATHER'S NAME George Harr		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Marks		ADDRESS 122 Woodlawn Ct.	

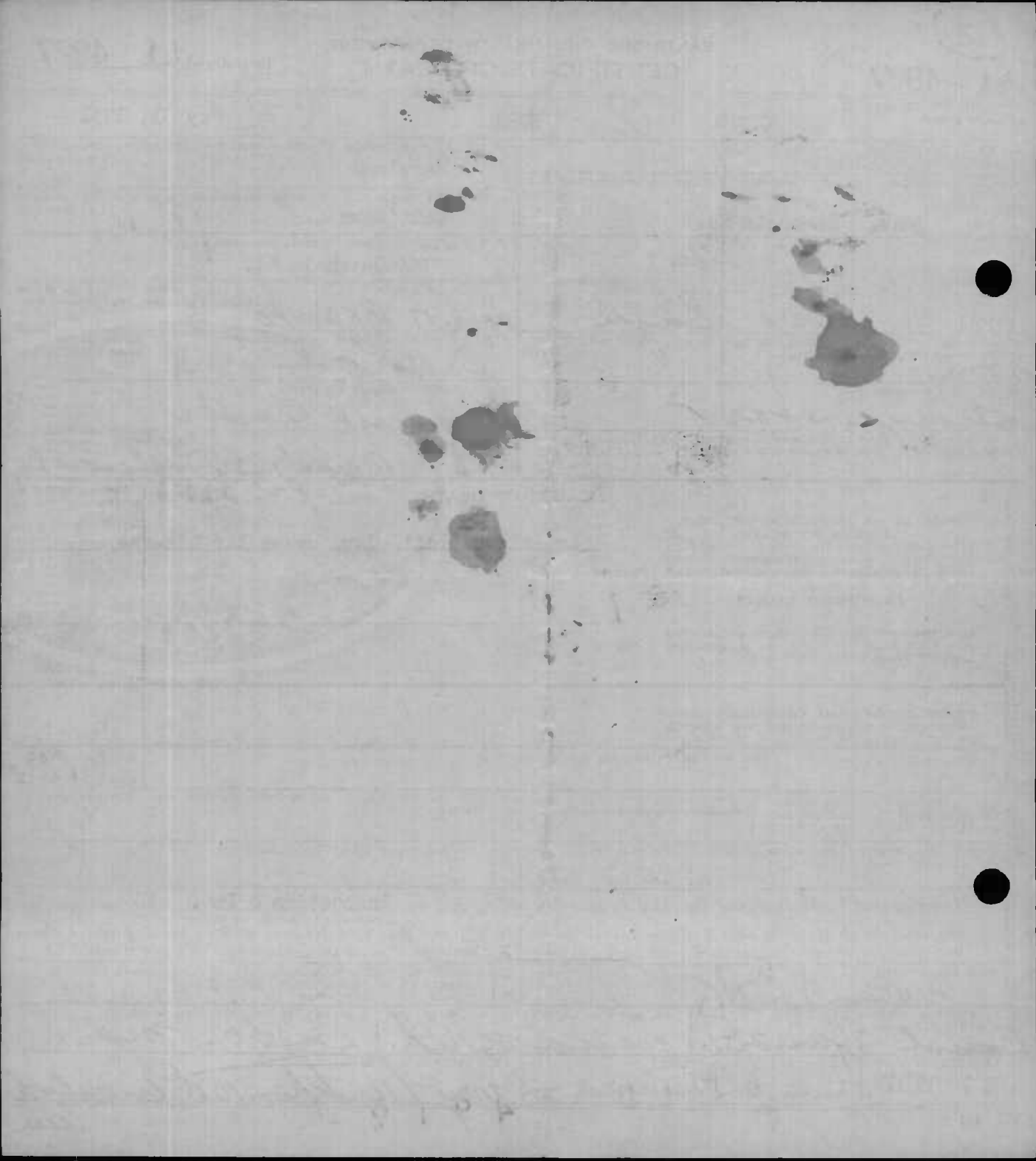
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease	CAUSE OF DEATH Cat. 28. md.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (B) DUE TO		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Smith	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED May 31, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 25	24C. NAME OF CEMETERY OR CREMATORY Landon Pk. Balto. Md.
24D. LOCATION (City, town, or county) (State) Balto. Md.		

DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1951	REGISTRAR'S SIGNATURE Harry H. Witzke	25. FUNERAL DIRECTOR Harry H. Witzke	ADDRESS 4101 Edmond St.
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4928**

BIRTH NO. **460 1499**

1. NAME OF DECEASED (Type or Print) Frank J. Blair (Blaha) Sr.		2. DATE OF DEATH 5/30/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 27-01	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 4149 Marx Ave		C. CITY OR TOWN (If outside corporate limits, write rural, and give township) Bu Hs	
D. LENGTH OF STAY IN BALTIMORE life		E. STREET ADDRESS (if rural, give location) 4149 Marx Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) married	8. DATE OF BIRTH October 3, 1889
9. AGE (in years last birthday) 61		10. BIRTHPLACE (State or foreign country) Baltimore, Md.	11. CITIZEN OF WHAT COUNTRY? U.S.
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		13. KIND OF BUSINESS OR INDUSTRY B & O R. R. Co.	
14. FATHER'S NAME Frank Blair		15. MOTHER'S MAIDEN NAME Anna Tesarek	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		17. SOCIAL SECURITY NO.	
18. INFORMANT		ADDRESS Sophia Blair (Blaha) wife, above	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Artery Disease		
DUE TO (A) Coronary Artery Disease		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) 3 (C) 2		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/30/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE P. J. Pulinski		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 5/30/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 2, 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1951		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601 E. Madison St.		

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MEDICAL CERTIFICATION

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October 1, 1948

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4929
Registered No.

1. NAME OF DECEASED (Type or Print) BRANTLY TREV GLADDING		2. DATE OF DEATH 5-31-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland UNION MEMORIAL HOSP.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE MD. POCOMOKE CITY MD. B. COUNTY WOODVILLE	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCOMOKE CITY	
C. Length of stay in Baltimore 9 days		D. STREET ADDRESS (If rural, give location) 108 LAUREL ST. 7339	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 12, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN LUMBER MILL		10B. KIND OF BUSINESS OR INDUSTRY LUMBER MILL	9. AGE (in years last birthday) 56
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME BCTAVIOUS GLADDING		14. MOTHER'S MAIDEN NAME FLORENCE KEAL (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. **237X1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **BRAIN TUMOR TYPE UNDIAGNOSED**
DUE TO **RT FRONTO PARIETAL REGION**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 5-31-51		19B. MAJOR FINDINGS OF OPERATION TUMOR RT. FRONTO PARIETAL REGION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> NO		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) NO	
21D. TIME (Month) (Day) (Year) (Hour) INJURY NO		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> NO		21F. HOW DID INJURY OCCUR? NO	
22. I hereby certify that I attended the deceased from MAY 22, 1951 , to MAY 31, 1951 , that I last saw the deceased alive on MAY 31, 1951 , and that death occurred at 9 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. H. Shoemaker		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 4/31/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-3-51		24C. NAME OF CEMETERY OR CREMATORY Downing	
24D. LOCATION (City, town, or county) (State) Dartmouth, Va.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1951		24F. REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
24G. FUNERAL DIRECTOR Samuel D. Dupont		24H. ADDRESS 2583 Edmondson		24I. VS 150 57D	

10-2-58

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1 4930BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4930

BIRTH NO.

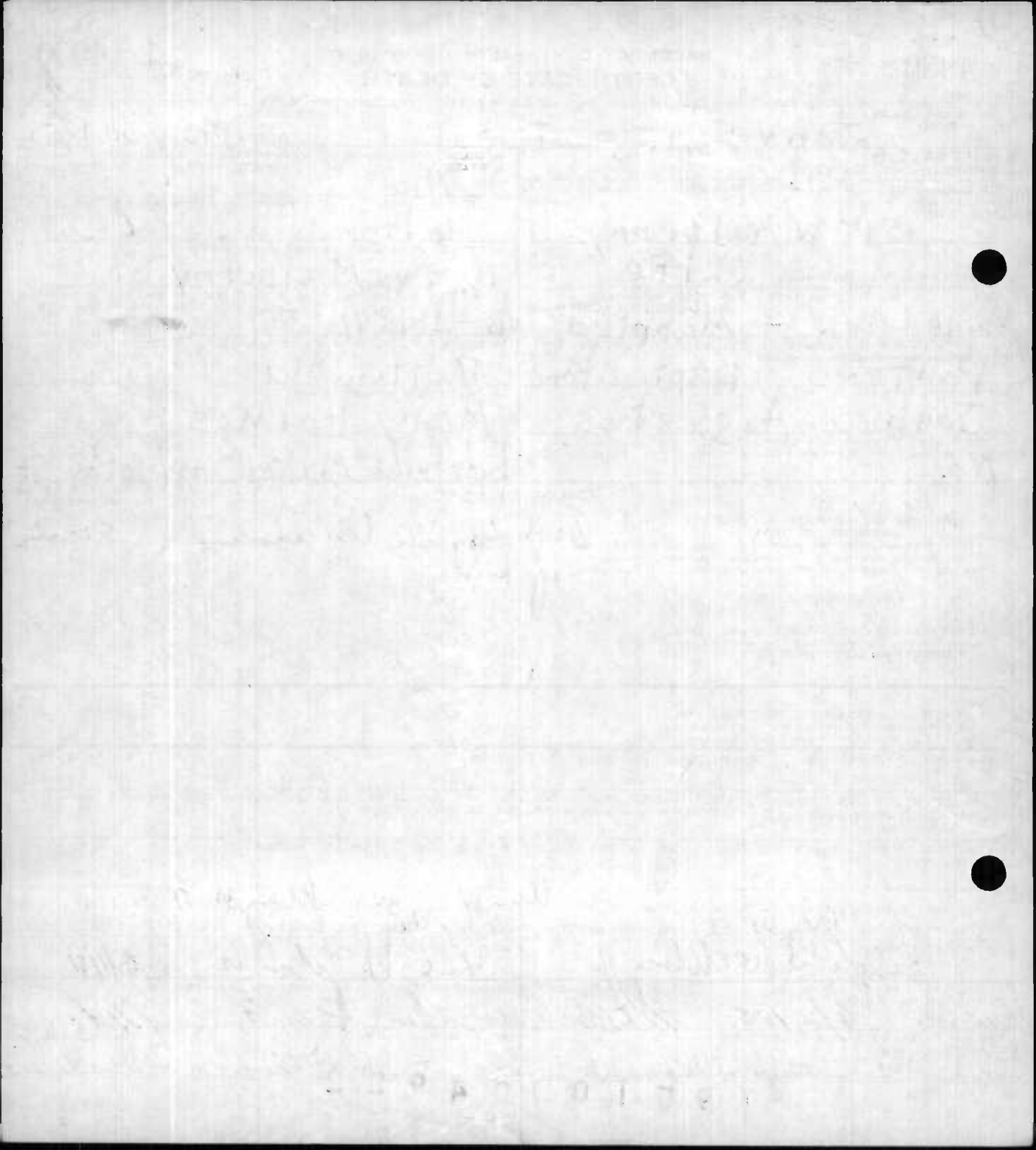
1. NAME OF DECEASED (Type or Print) John E Augustus			2. DATE OF DEATH May 30, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md B. COUNTY 19-01		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1515 W Mulberry St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1515 W Mulberry St.		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-2-1891		9. AGE (In years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10B. KIND OF BUSINESS OR INDUSTRY Dept. Store		11. BIRTHPLACE (State or foreign country) Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Joshua Augustus		
14. MOTHER'S MAIDEN NAME Mary Holmes			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		
16. SOCIAL SECURITY NO.			17. INFORMANT Beatrice Makel ADDRESS 1802 Appleton St.		

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchogenic Carcinoma of lung	CAUSE OF DEATH (A) of lung DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 8 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 14, 1950 to May 30, 1951 , that I last saw the deceased alive on May 30, 1951 , and that death occurred at 7 P.M. , from the cause and on the date stated above.					
23A. SIGNATURE Ralph W. Reckling		23B. ADDRESS 446 N. Graham St		23C. DATE SIGNED 6/1/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/2/1951		24C. NAME OF CEMETERY OR CREMATORY St. Ambrose Cem	
24D. LOCATION (City, town, or county) Balto.		24E. STATE Md.		25. FUNERAL DIRECTOR Mrs. Katie B. Williams ADDRESS 322 N. Schroeder St.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Mrs. Katie B. Williams ADDRESS 322 N. Schroeder St.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4931

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Goines		2. DATE OF DEATH May 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balto.	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 233 N. Schroeder St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 233 N. Schroeder St.	
5. SEX Male	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Finisher		10B. KIND OF BUSINESS OR INDUSTRY Marble yard	
13. FATHER'S NAME John Goines		11. BIRTHPLACE (State or foreign country) Balto. Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Betty Ward	
17. INFORMANT Lenz Goines		ADDRESS 233 N. Schroeder St.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebro-Vascular Disturbance		INTERVAL BETWEEN ONSET AND DEATH P
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial Infarction		4-28-51
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-10 , 1950, to 5-30 , 1951, that I last saw the deceased alive on 5-20 , 1951, and that death occurred at 4:11 m., from the causes and on the date stated above.					
23A. SIGNATURE Charles T. Womack		23B. ADDRESS 861 W. 11th St.		23C. DATE SIGNED 5-27-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 6/2/1951		24B. DATE 6/2/1951		24C. NAME OF CEMETERY OR CREMATORY Wm. T. Zions Cem. Landdowne Md.	
24D. LOCATION (City, town, or county) (State) Landdowne Md.		25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS 322 N. Schroeder St.	

WILLIAM L. HAYES

U. S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

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51 4932BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4932
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James R. Snowden

2. DATE
OF
DEATH

May 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

80 942 Booth St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

942 Booth St.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 10, 1897

9. AGE (In years last birthday)

54

11 Under 1 Year
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Fennsda Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Snowden

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

Bertha Snowden

ADDRESS 942
Booth St.

18. 4/22/1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cardiovascular disease, chronic

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from - 1950, to May 29, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 4:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Andinger

M. D.

23B. ADDRESS

910 W. Lombard St.

23C. DATE SIGNED

6-1-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/2/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 1 1951

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS 322 N.

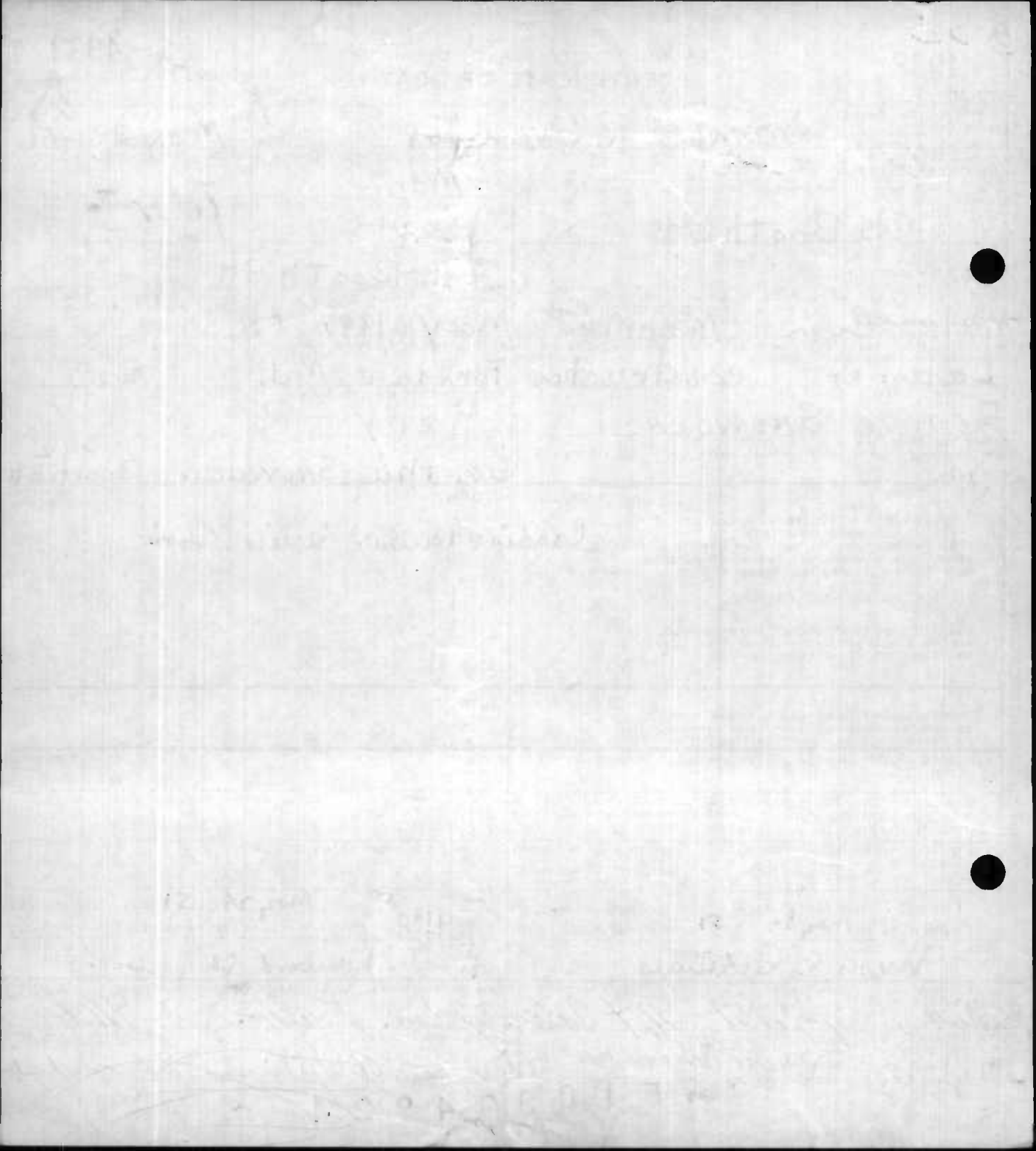
Schwartz St.

VS 150

970240 4224

937

MEDICAL CERTIFICATION



653
51 4933BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4933

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER (Walker) GARNET

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (if rural, give location)

312 E. 20 $\frac{1}{2}$ Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar. 18 1914

9. AGE (In years
last birthday)

37

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sam Garnett

14. MOTHER'S MAIDEN NAME

Fannie Jennings

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Garnett 345 E 21 St

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH18. E902.5
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Fracture of left hip

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☒ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Woodbourne Ave. & Loch Raven Boulevard

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

Slipped & fell from scaffold to ground

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
May 28, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (Sub)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1951

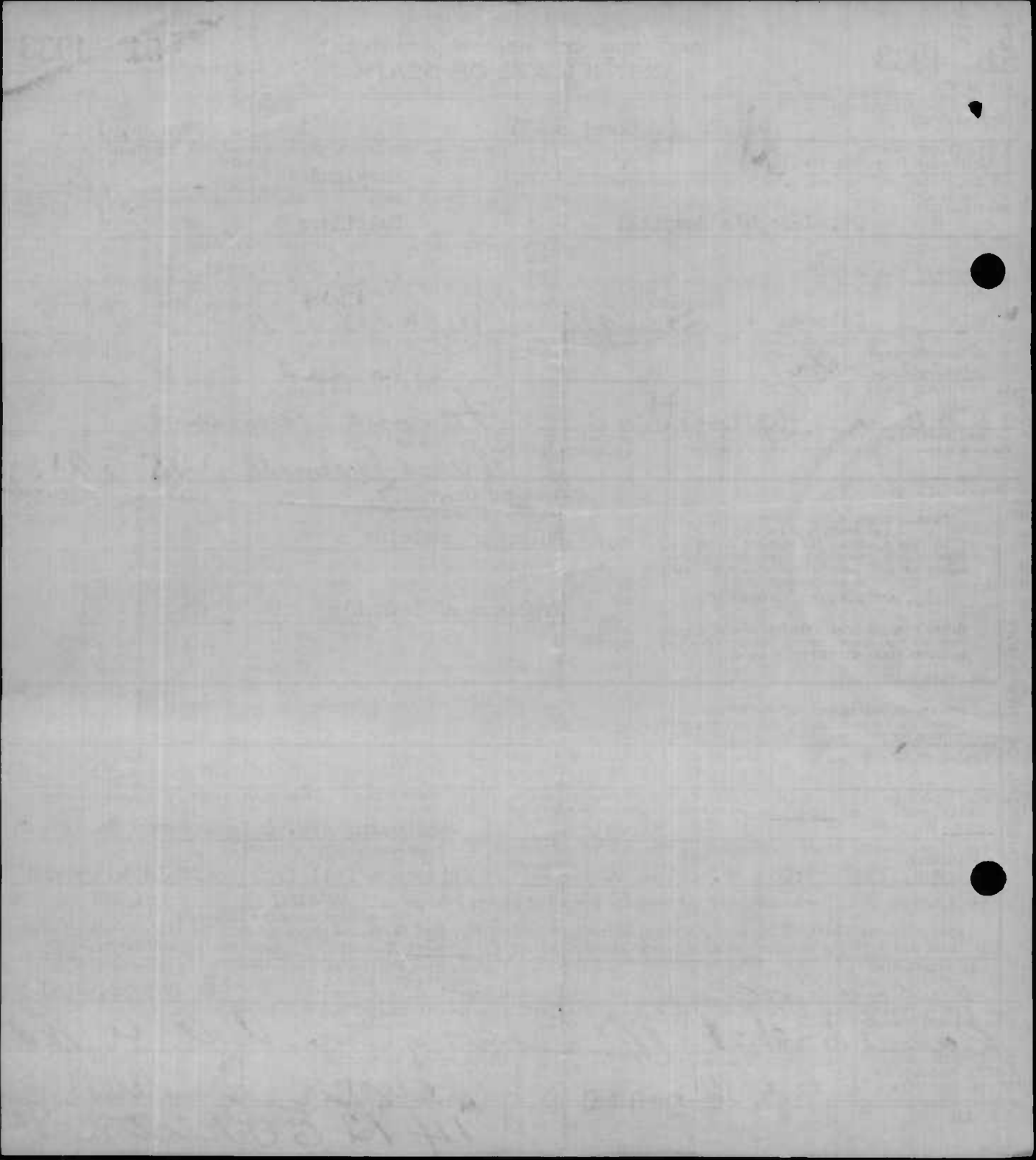
VS 151

N-821.0

97099

14 12 E Preston St

MEDICAL CERTIFICATION



100

BALTIMORE CITY HEALTH DEPARTMENT

51 4934

51 4934 51-05522

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print)		JOYCE DENISE LOVE		2. DATE OF DEATH May 31, 1951	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-0			
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) 1208 E. Madison St.			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH 3/6-1951	9. AGE (In years last birthday) 3	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>From</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>David Love</i>		14. MOTHER'S MAIDEN NAME <i>Daisy Ellerbe</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>David Love 10480 Eden St</i>	

18. <i>E921.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Aspiration of vomitus</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>1208 E. Madison St.</i>		<i>10/2</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>May 31, 1951 10 ? A</i>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Aspiration of vomitus</i>			

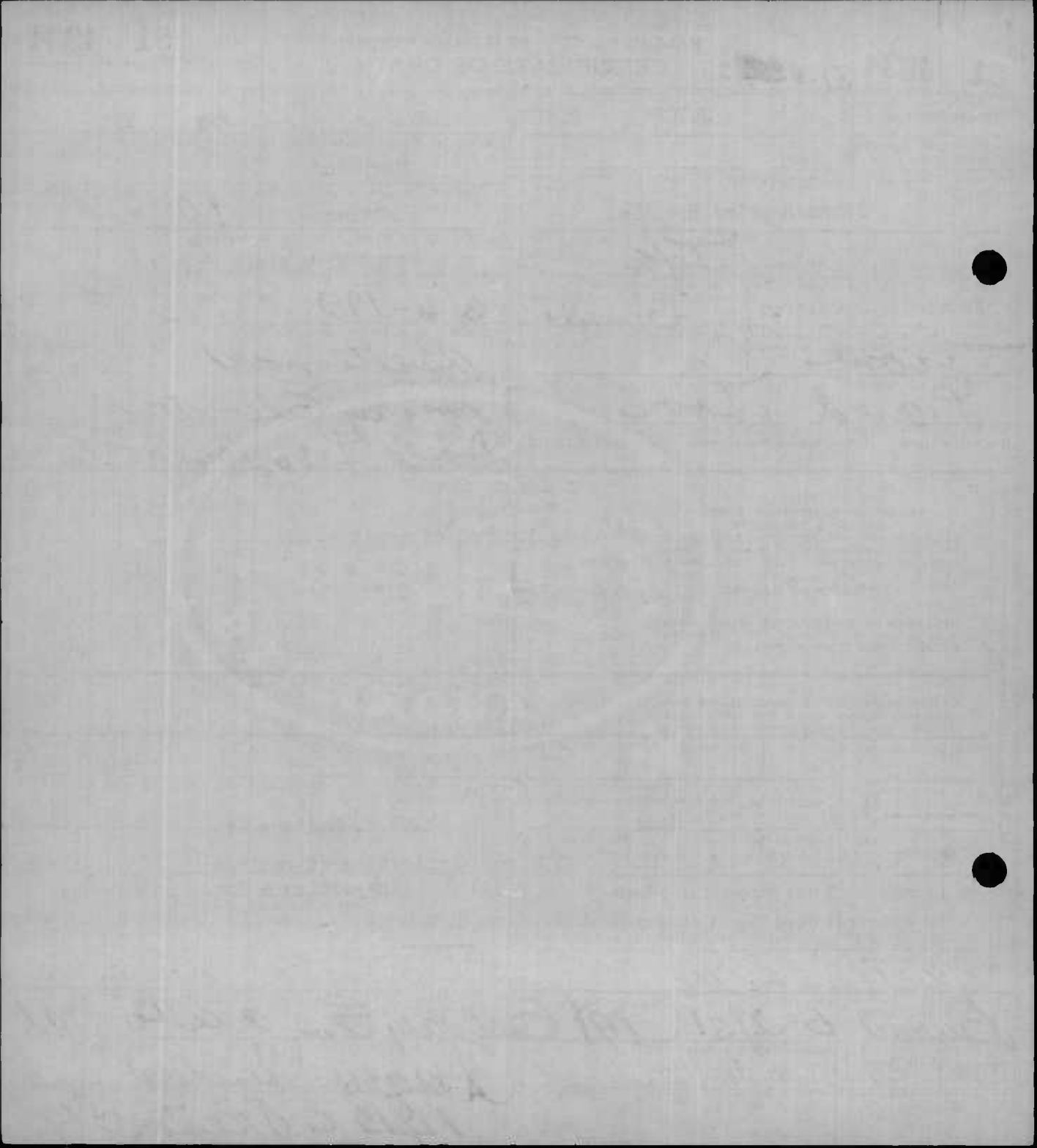
22. I certify that I took charge of the remains described above, held an *Inspection & Inq.* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE
William W. Smith
M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
May 31, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-2/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem & Co. Md</i>	24D. LOCATION (City, town, or county) (State) <i>1412 E. Preston St</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 1 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Regina Sanders</i>	



500
51 4935BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4935

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Lima

2. DATE
OF
DEATH

May 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-7-80

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Manuel Lima

14. MOTHER'S MAIDEN NAME

Joanna Barbozer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 331X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Essential Hypertension

18 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26, 1951, to 5-28, 1951, that I last saw the
deceased alive on 5-28, 1951, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR
JUN 1 1951

REGISTRAR'S SIGNATURE

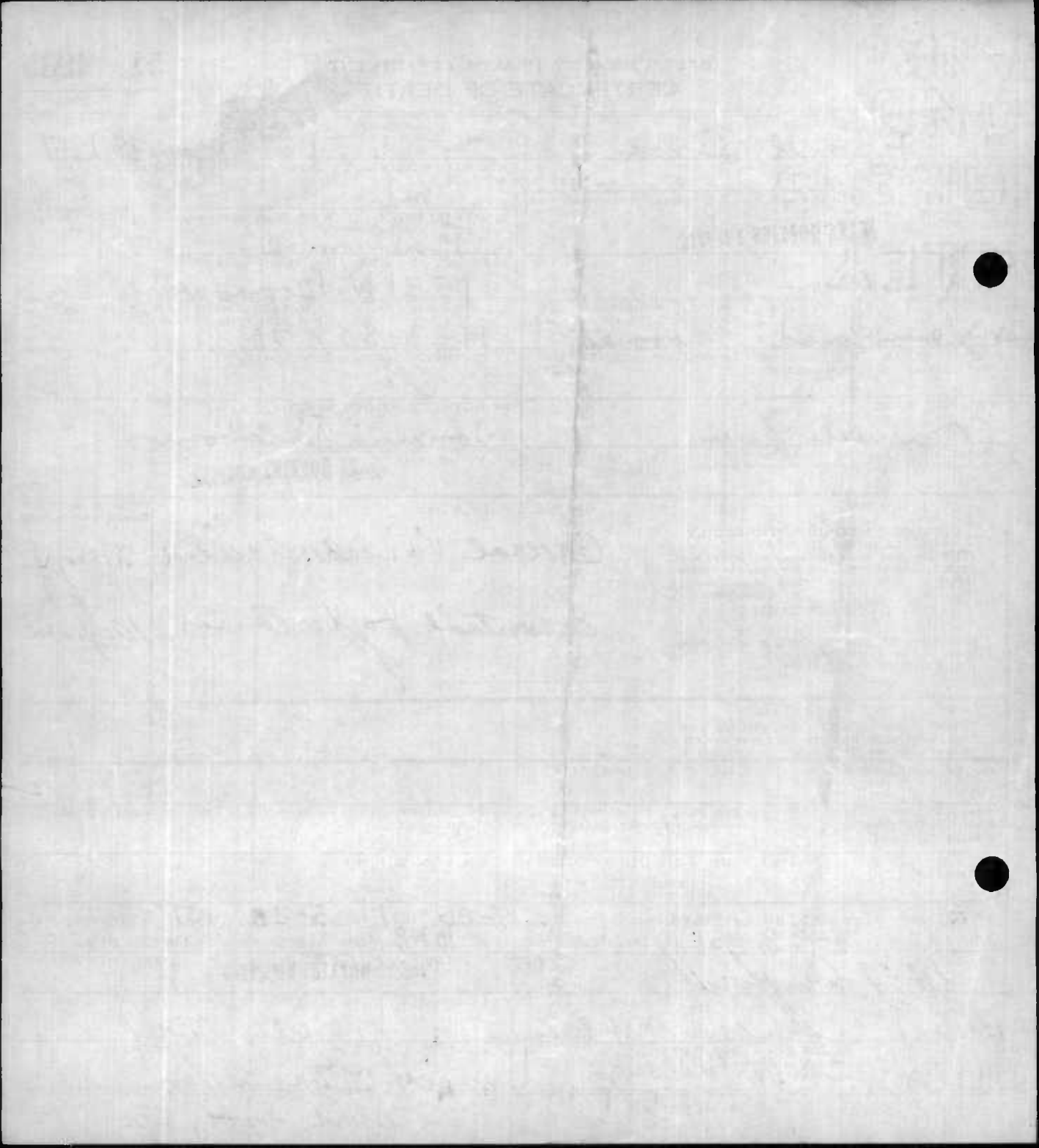
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Isaac L. Brown, Sr.

108W Montg mery St 83a



545

1 4936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4936

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET C. HENNLEIN.

2. DATE
OF
DEATH

6/1/51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Church Home & Hospital. Rural. Urban.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Urban. 5300

C. Length of stay in Baltimore

47 Yrs. Mos. Days

5. SEX

F.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

8/3/1903.

9. AGE (In years

last birthday)

47.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. county.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Peter Klein

14. MOTHER'S MAIDEN NAME

Mary Appel.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

P4.

ADDRESS

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Breast.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral thrombosis, unknown cause.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

4/27/1951, to 6/1/1951, that I last saw the deceased alive on 5/31/1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy C. Cusack

M. O.

23B. ADDRESS

Church Home & Hosp. 6/1/51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2-1951

William H. Williams, Jr.

Lansing Funeral Home, 7401 Belair Rd.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DECEASED

DATE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

000
1 4937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4937
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Harvey Law</i>		2. DATE OF DEATH <i>June 1-57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>114 Mosher St</i> B. FULL NAME OF HOSPITAL OR INSTITUTION		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-01</i> D. STREET ADDRESS (If rural, give location) <i>114 Mosher St</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Mar. 8-1876</i>	
9. AGE (In years last birthday) <i>75</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Dr. W. W. Law</i>		14. MOTHER'S MAIDEN NAME <i>Agatha Harvey</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>?</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT <i>Harvey's son</i> <i>Wm W.S. Forward 8105 W 4th St</i>			

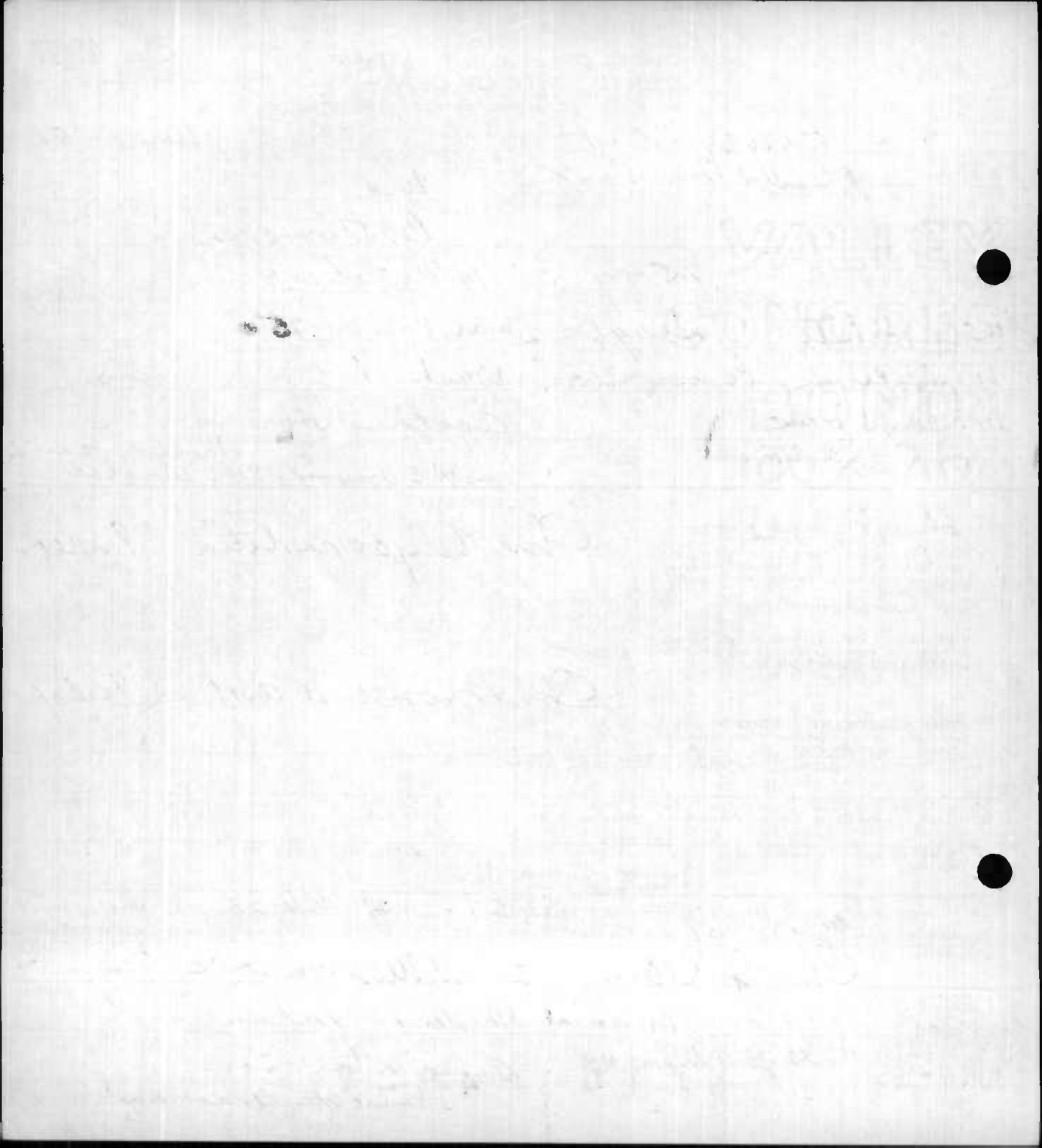
18. <i>4rrr</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Chr. Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Indef.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) <i>Chr. Bronchial asthma</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Sept. 1 -*, 19*49*, to *May 28*, 19*57*, that I last saw the deceased alive on *May 28*, 19*57*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Chas. J. Keller</i>		23B. ADDRESS <i>222 W. Monument St.</i>		23C. DATE SIGNED <i>June 1-57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/4/57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Memorial Gardens</i>	
24D. LOCATION (City, town, or county) <i>Belair Ind</i>					

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 2-1957</i>		REGISTRAR'S SIGNATURE <i>Wm W.S. Forward</i>		25. FUNERAL DIRECTOR <i>Permonington & Son</i>	
VS 150				ADDRESS <i>St Anne de Grace Ind 937</i>	



350
51 4938BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4938
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY

2. DATE
OF

DEATH May 29, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

SKETON

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General

C. CITY OR TOWN (If outside corporate limits, write FULL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

620 S. Charles St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1883

9. AGE (In years
last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Allie Adams-620 S. Charles St.

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒MEDICAL INVESTIGATOR..... ☐23C. DATE SIGNED
May 29, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/2/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Ct.

24D. LOCATION (City, town, or county)

Baltimore City.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 2-1951

REGISTRAR'S SIGNATURE

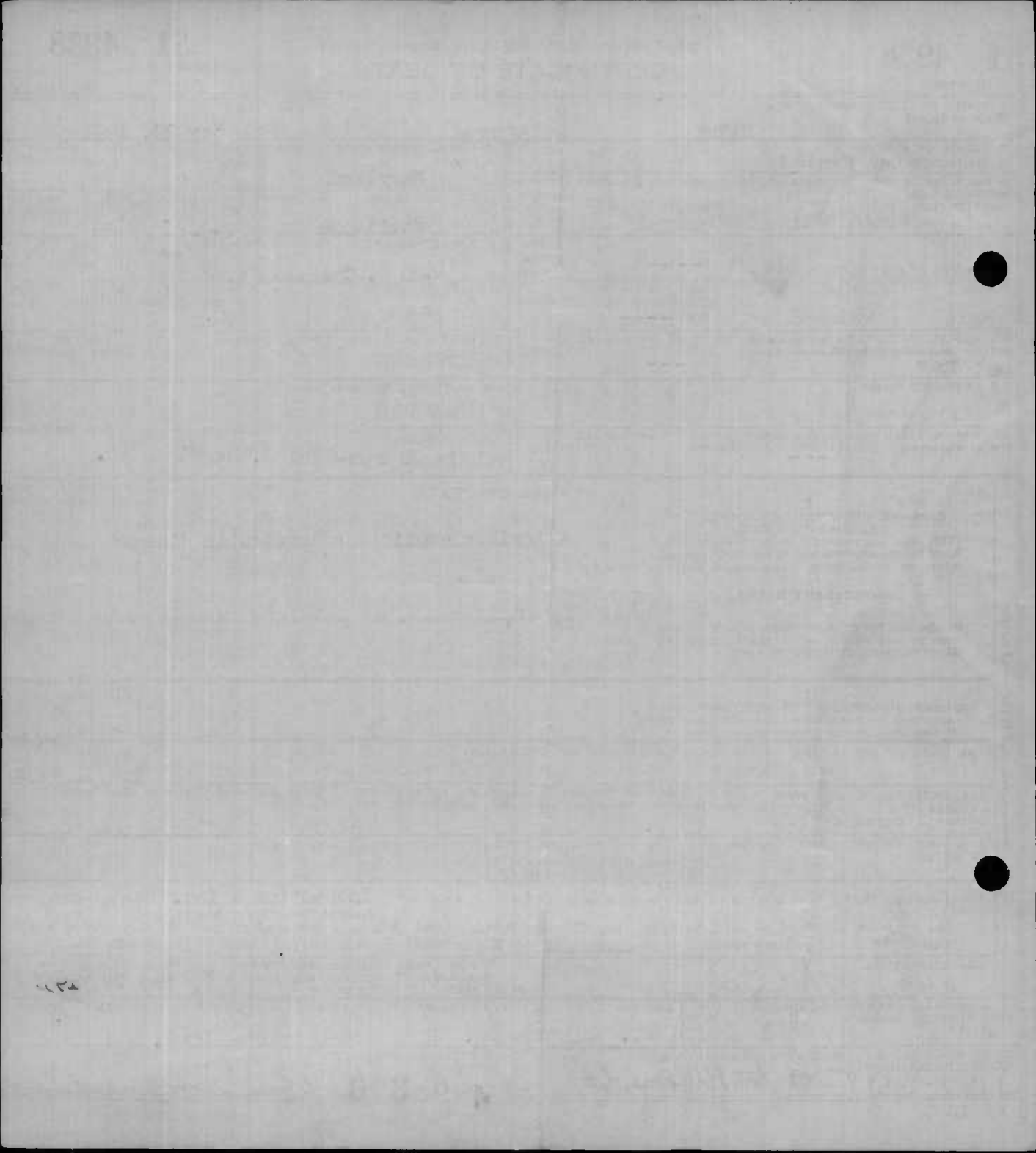
Katherine Williams, M.D.

25. FUNERAL DIRECTOR

J.L. Brown & Son - Montgomery St.

10820

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51-15027** **4939**

1. NAME OF DECEASED (Type or Print) JOHN MCKINLEY		2. DATE OF DEATH June 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3813 5th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore LIFETIME Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3813 5th Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME WILLARD ALFRED MCKINLEY		14. MOTHER'S MAIDEN NAME IVY JUNE RANKIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT FAMILY		ADDRESS SAME	

18. E921.0 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration of vomitus DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Aspiration of vomitus DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3813 5th Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-1-51 11:55 a.m.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? Aspiration of vomitus
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William V. Smith	23B. CHIEF MEDICAL EXAMINER... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR... <input type="checkbox"/>	23C. DATE SIGNED 6-1-51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-2-51	24C. NAME OF CEMETERY OR CREMATORY GREENHAVEN
24D. LOCATION (City, town, or county) (State) ANNE ARUNDEL CO.	25. FUNERAL DIRECTOR James J. W. Kelly	ADDRESS 1306 Friseman
DATE RECEIVED BY LOCAL REGISTRAR JUN 2-1951		
REGISTRAR'S SIGNATURE William V. Smith		

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4940**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FANNIE QUAIL			2. DATE OF DEATH 30 MAY 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-18		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 3408 HAYWARD AVE.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 2/26/68	9. AGE (In years last birthday) 83	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
13. FATHER'S NAME Ferdinand Austin			14. MOTHER'S MAIDEN NAME Mary S. Ebaugh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Jessie Wagner			ADDRESS 3408 Hayward Ave.		

MEDICAL CERTIFICATION	18. 561.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) BRONCHOPNEUMONIA		1 WK.
	DUE TO				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) GENERALIZED PERITONITIS		
		(C) GANGRENE, SMALL INTESTINE			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		STRANGULATED INGUINAL HERNIA			

19A. DATE OF OPERATION 15 MAY 1951		19B. MAJOR FINDINGS OF OPERATION PERITONITIS; GANGRENE, SMALL INT.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 14 May 1951 , to 30 May 1951 , that I last saw the deceased alive on 30 May 1951 , and that death occurred at 4:52 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE James D. O'Leary M. D.		23B. ADDRESS Lutheran Hosp. of Md.		23C. DATE SIGNED 30 May 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 2/51		24C. NAME OF CEMETERY OR CREMATORY United Brethren Church	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. STATE Md.		25. FUNERAL DIRECTOR Loring Byers	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2-1951		REGISTRAR'S SIGNATURE Wilmington Williams		ADDRESS 5005 E. 1st St.	

RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS
WASHINGTON, D. C.

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51 4941

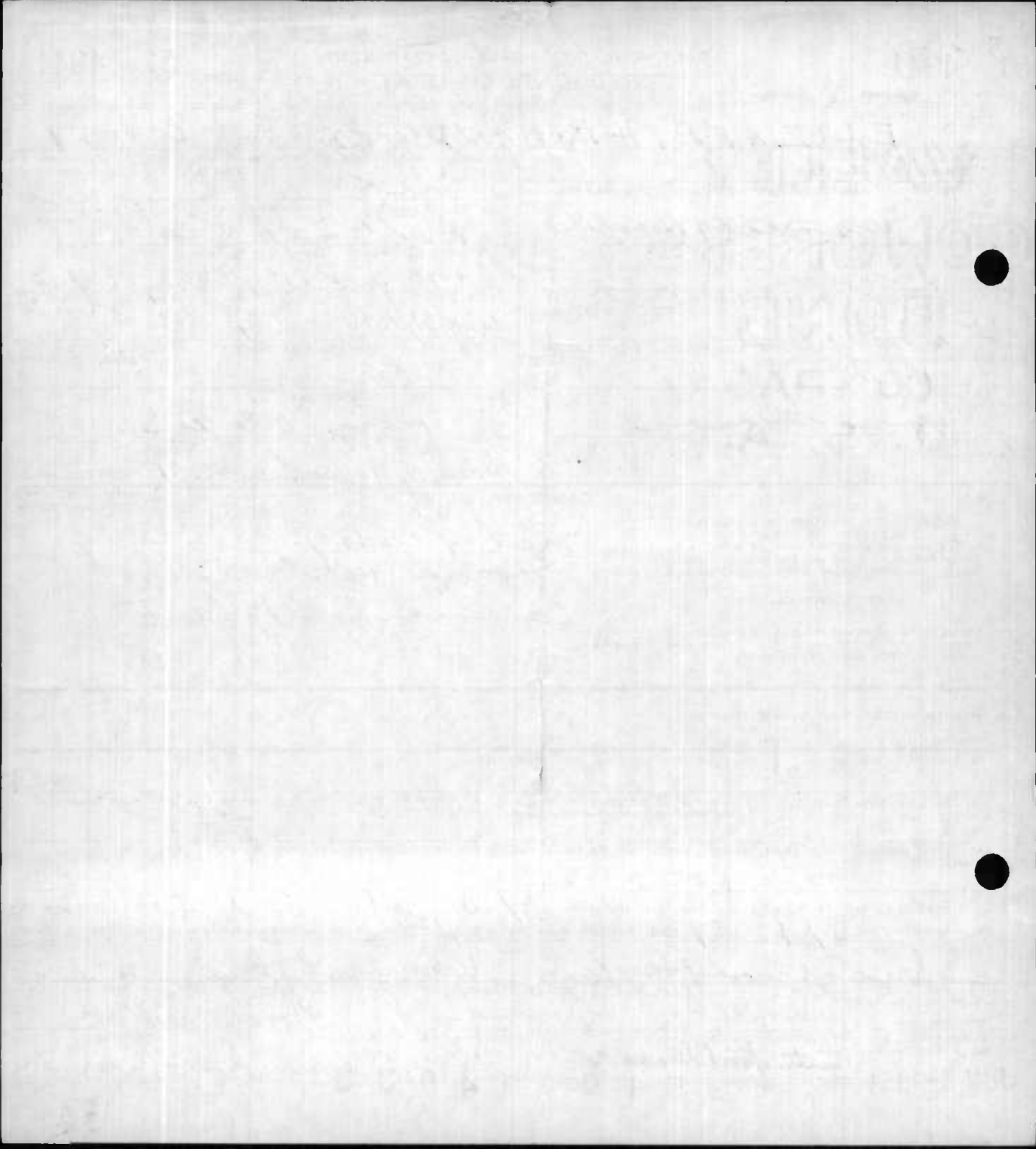
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4941

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELIZABETH R. BANDIERE		2. DATE OF DEATH 6-1-57	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4703 NORWOOD AVE			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug 31/1896	9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PA	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME James Glason		14. MOTHER'S MAIDEN NAME Mary O'Brien	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Charles M Bandiere 4703 Norwood Ave	
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) metastasis of carcinoma to brain CAUSE OF DEATH (A) DUE TO carcinoma of breast (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/30 , 19 57 , to 6-1 , 19 57 that I last saw the deceased alive on 6/1 , 19 57 , and that death occurred at 10:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Virginia Huf... M. D.		23B. ADDRESS University of...		23C. DATE SIGNED 6-1-57	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 4/1957		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Woodlawn Md.		24E. FUNERAL DIRECTOR Harry J. ...		24F. ADDRESS 4204 Ridgewood Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2-1957		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

MEDICAL CERTIFICATION

VS 150



CERTIFICATE CORRECTED 6-12-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 4942
Registered No.

15-148951
51-148951
51-4942
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Ann Stevens (Szczepanski)		2. DATE OF DEATH 6-1-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1819 Gough St. 31	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Bakery	
13. FATHER'S NAME Michael Studzinski		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-03-3317	
11. BIRTHPLACE (State or foreign country) Maryland		14. MOTHER'S MAIDEN NAME Antonina ?	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

18. 203X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple Myeloma DUE TO Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-29 , 19 51 , to 6-1 , 19 51 , that I last saw the deceased alive on 6-1 , 19 51 and that death occurred at 2:00A m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-1-51	

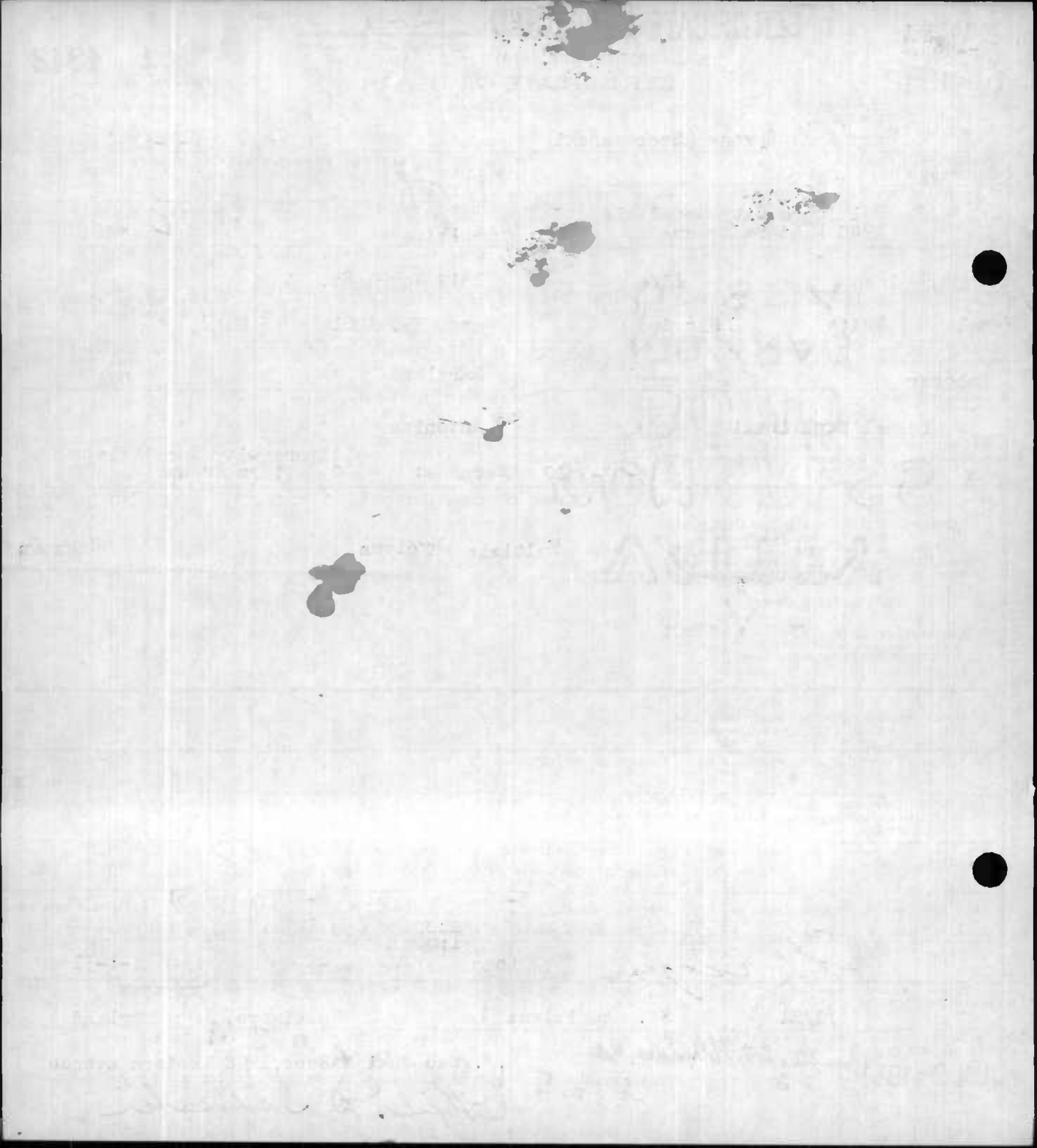
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/1/51		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus		24D. LOCATION (City, township or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2-1951		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		25. FUNERAL DIRECTOR M. F. Sadowski & Sons, 1808 Eastern Avenue			

VS 150

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Charles W. Sadowski 55E

MEDICAL CERTIFICATION



260
51 4943BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4943
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Annie J. Hiser</i>		2. DATE OF DEATH <i>June 1 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>9-07</i>	
B. FULL NAME (If not in hospital or institution, give street address or location) <i>Garrison Nursing Home</i> <i>2803 Garrison Blvd</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>2623 Kirk Ave</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>May 16 - 1871</i>	
9. AGE (In years last birthday) <i>80</i>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Ga.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Charles A. Peacock</i>		14. MOTHER'S MAIDEN NAME <i>Mary Rafferty</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs. Hester E. Johnson</i>		18. <i>421.4</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Acute Dilatation of Heart</i>		CAUSE OF DEATH (A) DUE TO <i>Myo - Carditis - Endocarditis</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Atherosclerosis</i>		(B) DUE TO <i>8 hours</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO <i>years</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 1, 1951</i> , to <i>June 1, 1951</i> , that I last saw the deceased alive on <i>June 1, 1951</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Robert M. Foster</i>		23B. ADDRESS <i>2824 St. Paul St</i>	
23C. DATE SIGNED <i>June 2-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 4-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
25. FUNERAL DIRECTOR <i>Frank H. Sely</i>		ADDRESS <i>814 N 36th</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 2 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>	

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520
51 4944BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4944

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY RENSCH

2. DATE
OF
DEATH

6/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1318 N. KENWOOD AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1318 N. KENWOOD AVE.

C. Length of stay in Baltimore

60

Yrs.
Moer
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE. MARRIED.
WIDOWED. DIVORCED (Specify)

W

8. DATE OF BIRTH

AUG. 11, 1881

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BAKER

10B. KIND OF BUSINESS OR
INDUSTRY

WHOLESALE BAKING

13. FATHER'S NAME

UNKNOWN

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. BEATRICE RENSCH - SAME

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ARTERIOSCLEROTIC

CARDIO-VASCULAR DISEASE

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

GENERALIZED ARTERIOSCLEROSIS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 6/1, 1951, to 6/1, 1951, that I last saw the deceased alive on 6/1, 1951, and that death occurred at 2:34 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry J. Houska

M. D.

23B. ADDRESS

333 S. East Ave.

23C. DATE SIGNED

6/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6/4/51

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PK CEM

24D. LOCATION (City, town, or county) (State)

BALTO MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2-1951

Washington Williams

Wm. C. Baker & Son Inc. Balt MD

VS 150

50044

937

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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WATER RESOURCES DIVISION

212
51 4945BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4945

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WISBECK, Anthony M.

2. DATE
OF
DEATH

6-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland St. Joseph's Hosp

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Josephs Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1923 N. Patterson Park Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-25-1901

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Wisbeck

14. MOTHER'S MAIDEN NAME

Lillie Schoepplein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Leonard A. Blair 4705 Pilgrim Rd.

18. 491X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pneumonia - bronchial

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1951, to June 2, 1951 that I last saw the
deceased alive on June 2, 1951, and that death occurred at 2:55 Am., from the causes and on the date stated above.

23A. SIGNATURE

E. Paul Coffey Jr.

M. D.

23B. ADDRESS

St. Joseph's Hospital

23C. DATE SIGNED

June 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Lillian Williams, M.D.

25. FUNERAL DIRECTOR

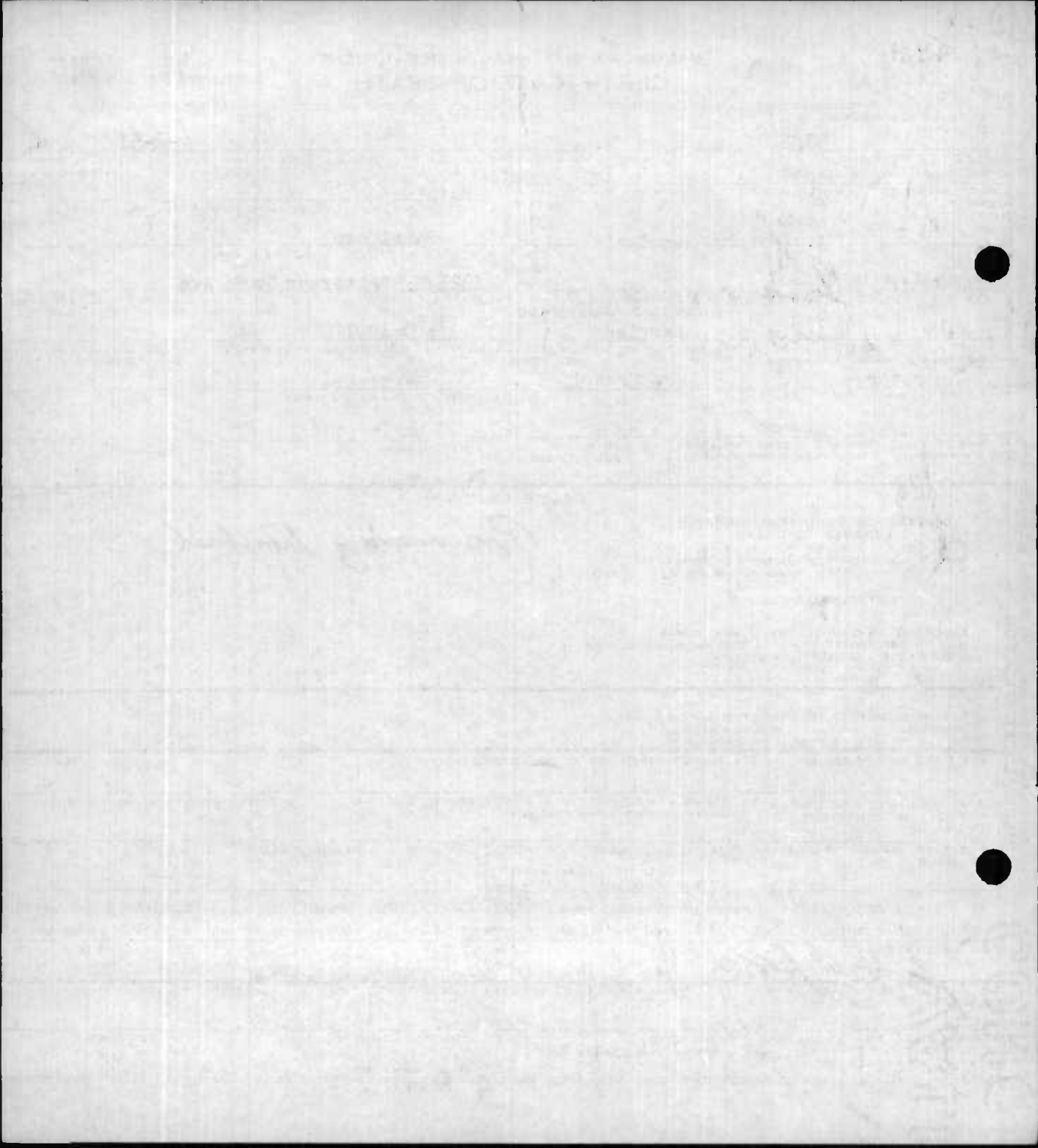
ADDRESS

Wm. J. Lickner & Sons Inc Balto Md

VS 150

628-51

107



455
4946 S-160BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4946
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura * Spear * HILLMAN

2. DATE
OF
DEATH12:15 PM
6/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOME

None

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

13. FATHER'S NAME

Jesse Savenport

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

? None

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Md., Va.

B. COUNTY

xx Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Richmond

D. STREET ADDRESS (If rural, give location)

1308 Bainbridge St.

8. DATE OF BIRTH

Apr. 24, 1874

9. AGE (In years last birthday)

77

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Va. ANELIA Co

12. CITIZEN OF WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

Mary Orange

17. INFORMANT

ADDRESS

MR. FLOYD E. WARRINER, 796 LINNARD ST.

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Carcinoma, bronchogenic
DUE TO metastasis to liver

INTERVAL BETWEEN ONSET AND DEATH

Mar. '51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Atherosclerotic cardio-vascular disease

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/9/51, 19, to 6/2/51, 19, that I last saw the deceased alive on 6/2/51, and that death occurred at 12:15 PM on the causes and on the date stated above.

23A. SIGNATURE

Edwin W. Lauferbach M.D.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

6/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

June 22, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oakwood Cem.

24D. LOCATION (City, town, or county) (State)

Richmond, Va.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 2-1951

REGISTRAR'S SIGNATURE

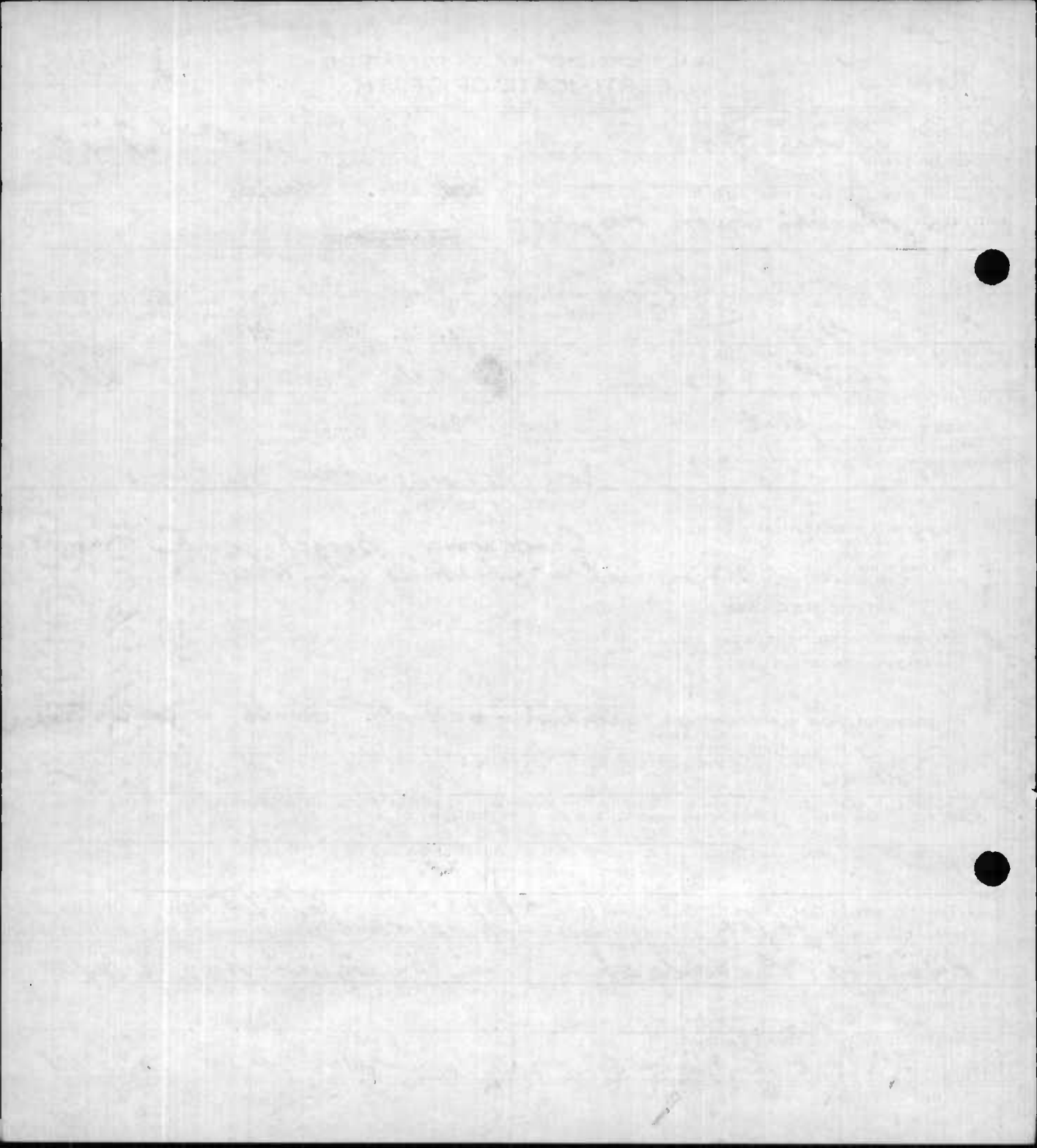
Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Williams, Jr. Sons, Inc.

ADDRESS

Balto. Md.



620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4947

BIRTH NO. 4947

1. NAME OF DECEASED (Type or Print) <i>William H. Parks</i>			2. DATE OF DEATH <i>June 1, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>9-01</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>501 E. 41st St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>501 E. 41st St.</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 3, 1906</i>		9. AGE (In years last birthday) <i>44</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Plant Supt.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Sand & Gravel</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Wm. R. Parks</i>			14. MOTHER'S MAIDEN NAME <i>Nellie C. Weston</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT <i>Mrs. Dorothy C. Parks</i>		
			ADDRESS <i>501 E. 41st St.</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coronary Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>Coronary Disease</i> DUE TO (B) <i></i> DUE TO (C) <i></i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Wm. H. Kammer</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <i>June 1, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 4, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cem.</i>	
24D. LOCATION (City, town, or county) <i>Pikesville, Md.</i>		24E. FUNERAL DIRECTOR <i>John J. Dickner</i>		24F. ADDRESS <i>Belts md</i>	

DATE RECEIVED BY
LOCAL REGISTRAR
JUN 2-1951REGISTRAR'S SIGNATURE
Wm. H. Kammer

VS 151

290 23

94a

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF PHYSICIAN

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF REGISTRAR

DATE OF SIGNATURE

PLACE OF SIGNATURE

SIGNATURE OF WITNESS

DATE OF SIGNATURE

PLACE OF SIGNATURE

51 4948

51 4948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

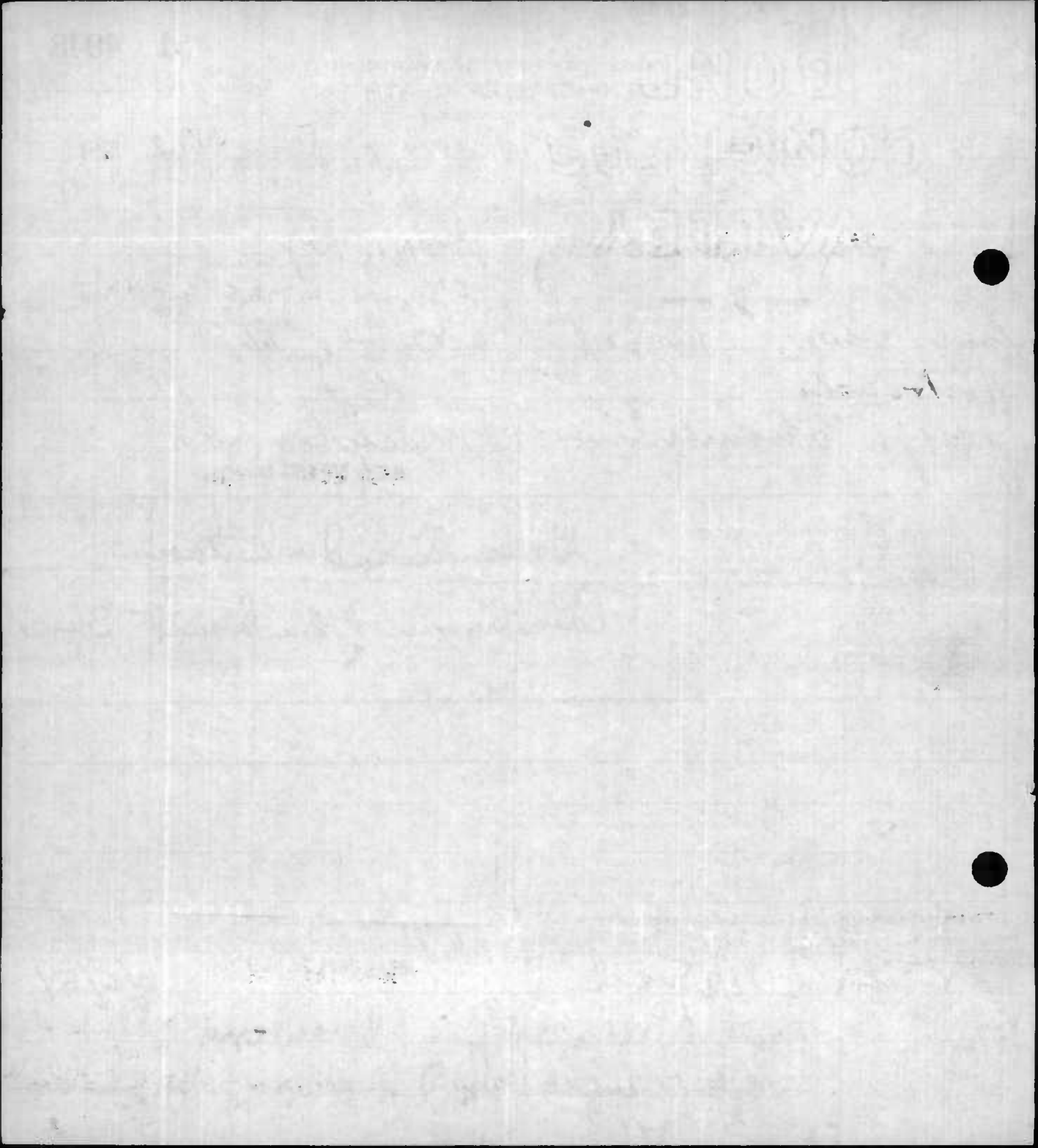
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CLARA Clayton. 326898		2. DATE OF DEATH JUN 2 - 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Dept.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE N. J. B. COUNTY V-27	
B. FULL NAME OF HOSPITAL OR INSTITUTION John Hopkins Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CRANBERRY	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 576 SYMMES COURT	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-17-84
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 66	10. KIND OF BUSINESS OR INDUSTRY
10A. FATHER'S NAME Joseph Chamberlain		11. BIRTHPLACE (State or foreign country) N. J.	
12. CITIZEN OF WHAT COUNTRY?		13. MOTHER'S MAIDEN NAME Mary Conk	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.	
16. INFORMANT JOHN HOPKINS HOSPITAL		ADDRESS	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized metastases	CAUSE OF DEATH (A) Generalized metastases DUE TO (B) Carcinoma of the breast 3 yrs. DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-2- 1951 to 6-2- 1951, that I last saw the deceased alive on 6-2- 1951 and that death occurred at 6:57 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Victor A. Motuok		23B. ADDRESS JOHN HOPKINS HOSPITAL		23C. DATE SIGNED 6/2/51	
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 6-5-51	24C. NAME OF CEMETERY OR CREMATORY Brainerd Cem		24D. LOCATION (City, town, or county) (State) Cranberry N. J.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 3 - 1951	REGISTRAR'S SIGNATURE John B. Miller	25. FUNERAL DIRECTOR John B. Miller		ADDRESS 2435 E. Olney	



51 4949

51 4949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nancy M. Parker

2. DATE
OF
DEATH

June 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Multiple Cong. Anomalies -
Congenital Heart
? Early Meningitis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-30-1951 to 6-2-1951 that I last saw the
deceased alive on 6-2-1951 and that death occurred at 9:15 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-
TION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

THE UNIVERSITY OF CHICAGO
 LIBRARY

1960

1961

1962

1963

1964

1965

1966

1967

51 4950

51 4950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Elizabeth D. McPherson</i>		2. DATE OF DEATH <i>June 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Bldg 4</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Tenn</i> B. COUNTY <i>V-39</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Memphis</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1191 Peabody Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-31-01</i>
9. AGE (In years last birthday) <i>50</i>		Under 1 Year _____ Months _____ Days _____ If Under 24 Hours _____ Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Ga.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Thomas Warrison</i>		14. MOTHER'S MAIDEN NAME <i>Sally Armstrong</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>231X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Cardiac Arrhythmia</i> ANTECEDENT CAUSES (B) <i>Lung Resection</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <i>Undiagnosed Lung Tumor</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

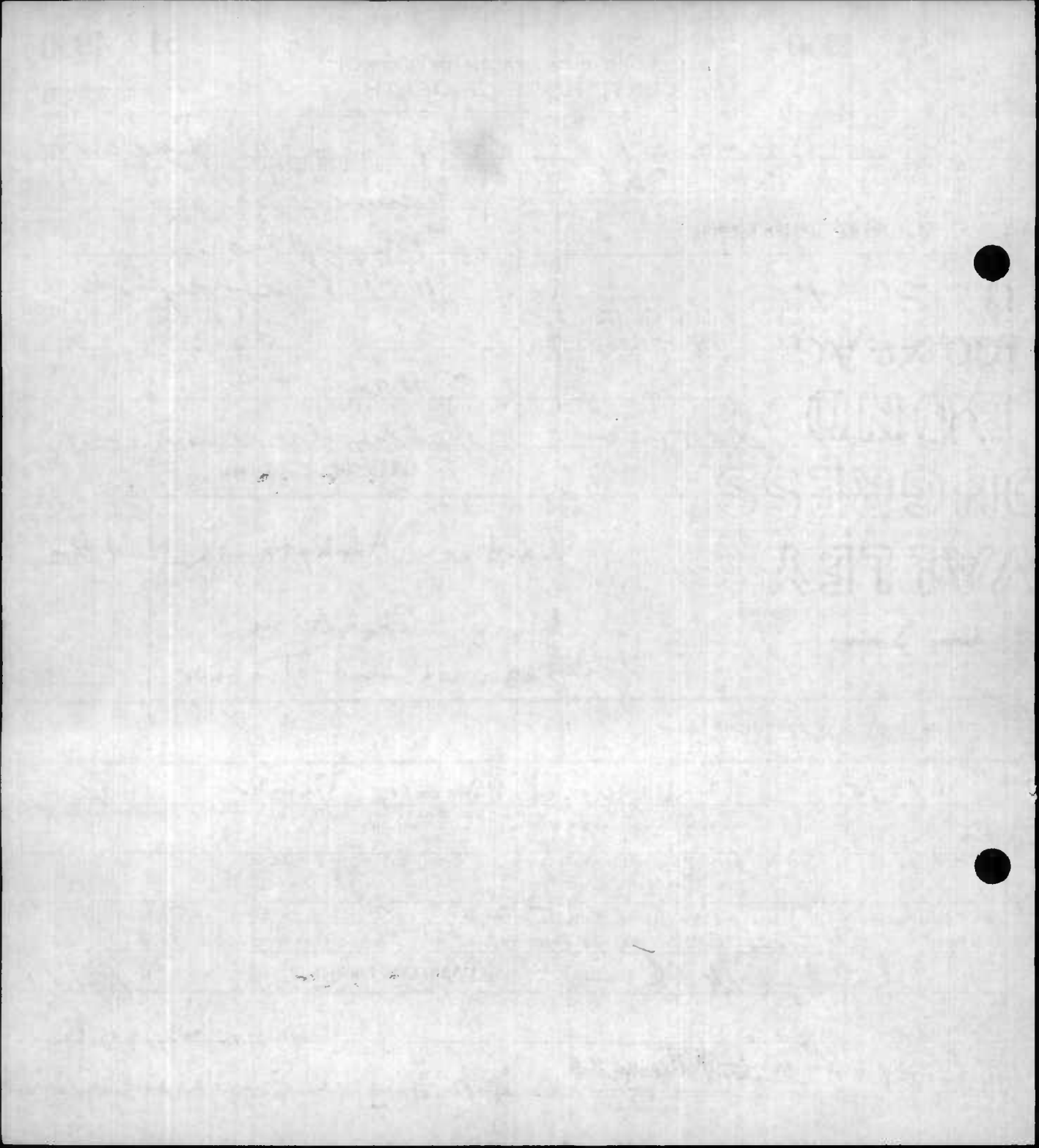
19A. DATE OF OPERATION <i>6/2/51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Undiagnosed Pulmonary Tumor</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-23-*, 19*51* to *6-2-*, 19*51*/that I last saw the deceased alive on *6-2-*, 19*51*, and that death occurred at *10:35 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Charles M. Friedman</i> M.D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>6/2/51</i>
--	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24B. DATE <i>6-5-51</i>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <i>Memphis Tennessee</i>
---	----------------------------	------------------------------------	---

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 3-1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>John E. Melby</i> Address <i>2435 E. Olympic St. 57E</i>
---	---	--



51 4951

51 4951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ESTHER MENDELSON

2. DATE
OF
DEATH

6-2-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

133 N. Wolfe Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

133 N. Wolfe St.

c. Length of stay in Baltimore

40 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1881

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Norman Piel

14. MOTHER'S MAIDEN NAME

Fruma Lesser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS Wolfe St.

Alan Mendelson 133 N.

18.

592 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 days

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19, to 6/2-51, 19, that I last saw the deceased alive on 6-2-51, 19, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. J. Baylin

23B. ADDRESS

2040 Eulaw

23C. DATE SIGNED

6-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-3-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Catherine Williams

25. FUNERAL DIRECTOR

ADDRESS Ave.

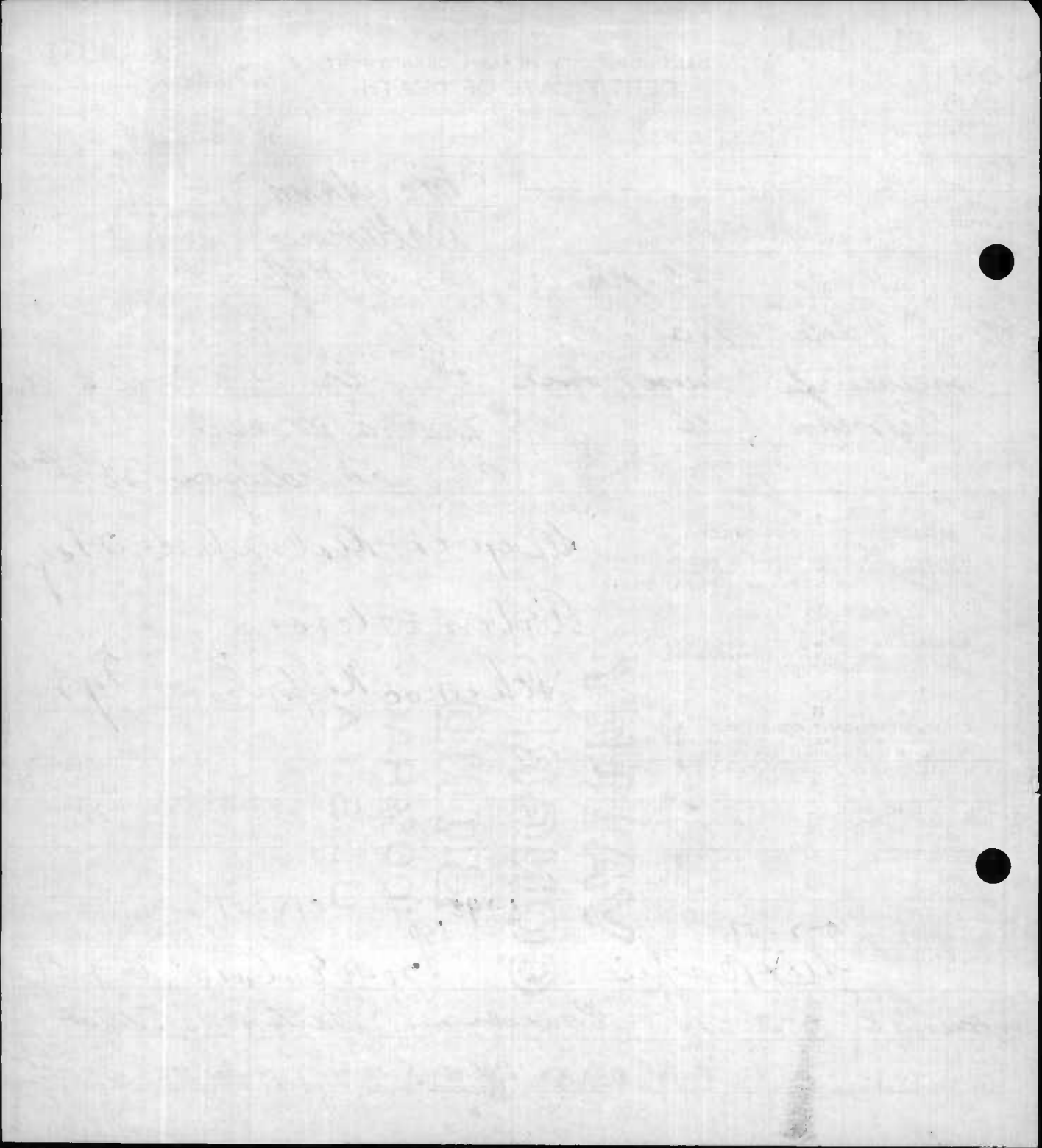
Solomonson & Bros 1124 W. North

JUN 3-1951

VS 150

131a

MEDICAL CERTIFICATION



125 51 4952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4952

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ABRAHAM HOLZMAN

2. DATE OF DEATH
June 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

The Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
baltimore 15-12

D. STREET ADDRESS (If rural, give location)

3518 Park Heights Avenue

c. Length of stay in Baltimore 32 yrs.

5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

July 15, 1886

9. AGE (In years last birthday)

64

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Proprietor, retired10B. KIND OF BUSINESS OR INDUSTRY
Bakery shop

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Hirshel Holzman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
219-30-293217. INFORMANT ADDRESS
Nathan Holzman-3619 Forest Park Avenue

18. 420.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Heart Disease years

(C) DUE TO

Diabetes Mellitus

unknown

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950, to May 27, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis Blum M.D.

M. D.

23B. ADDRESS

2310 Eutan Place

23C. DATE SIGNED

June 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

6/3/51

24C. NAME OF CEMETERY OR CREMATORY

Beth Yehuda-Anshe Kurland

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRY
JUN 3-1951

REGISTRAR'S SIGNATURE

L. Williams

25 FUNERAL DIRECTOR

Sgt. L. L. Brown - 1124-26 W. North Ave

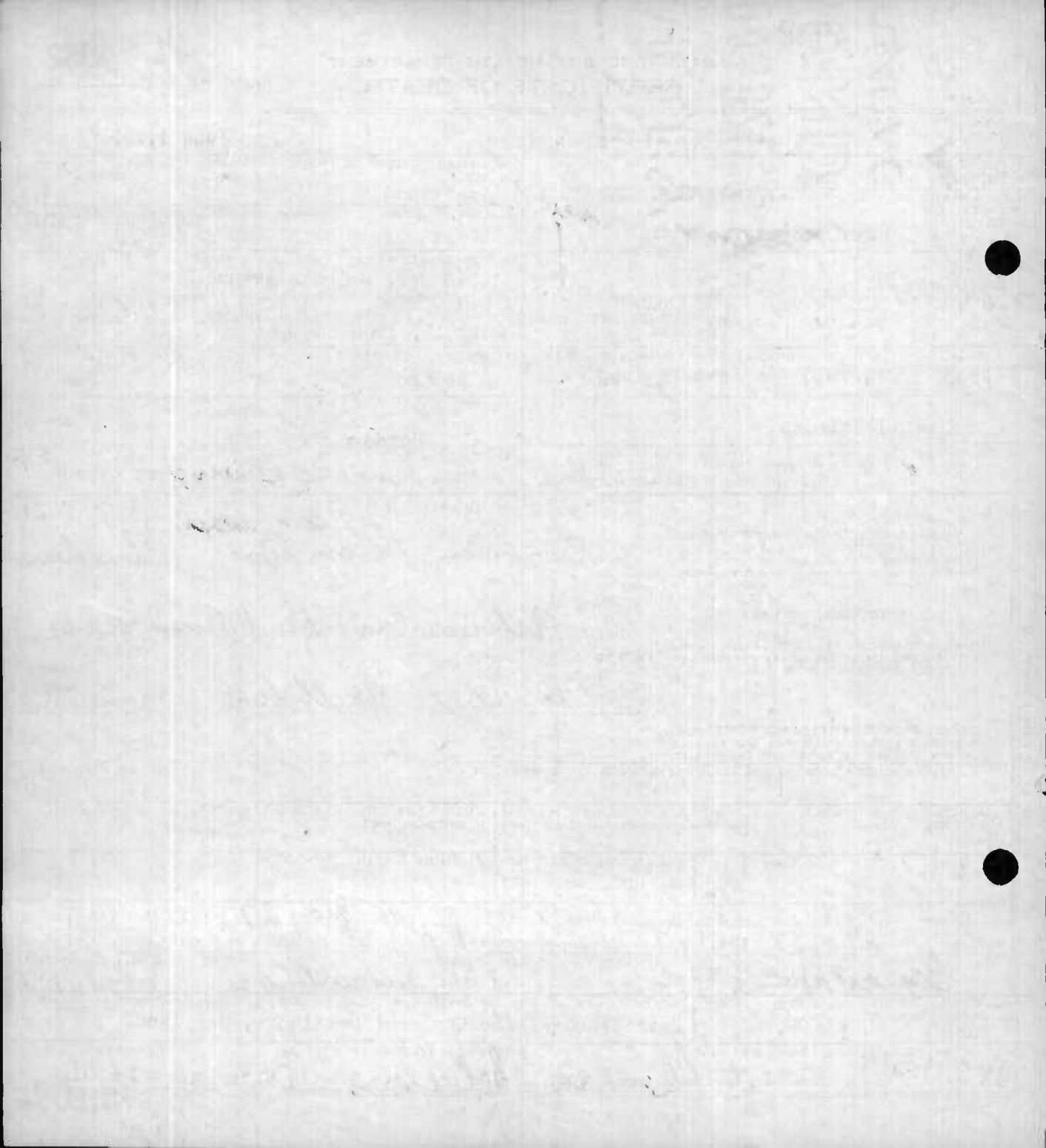
ADDRESS

VS 150

29044

61

MEDICAL CERTIFICATION



150. 51. 4953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4953

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Yetta Levin</i>		2. DATE OF DEATH <i>6/2/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>60 4613 PK HTS</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4107 Earrington Road 15-10</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1871</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	9. AGE (in years last birthday) <i>80</i>
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>	
13. FATHER'S NAME <i>Israel Sherry</i>		14. MOTHER'S MAIDEN NAME <i>Miriam Ellison</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <i>Mrs. David Meyers-3320 Fallstaff Road</i>	

18. <i>Yr 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Cardio Vascular</i> DUE TO (C) <i>Senile</i>	INTERVAL BETWEEN ONSET AND DEATH <i>9 mo</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan 1951</i> to <i>6/2/51</i> , that I last saw the deceased alive on <i>6/2/51</i> , and that death occurred at <i>11 a.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Jan Sherry</i>	23B. ADDRESS <i>MD</i>	23C. DATE SIGNED <i>6/2/51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/3/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Aitz Chaim Congregation</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 3-1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR <i>Salomon & Bros. - 1124-26 W. North Avenue</i>	ADDRESS <i>937 Avenue</i>

VS 150

937 Avenue

MEDICAL CERTIFICATION

12/1/76

100-100000-100000

100-100000-100000

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100-100000-100000

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100-100000-100000

655-51 4954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4954
Registered No.

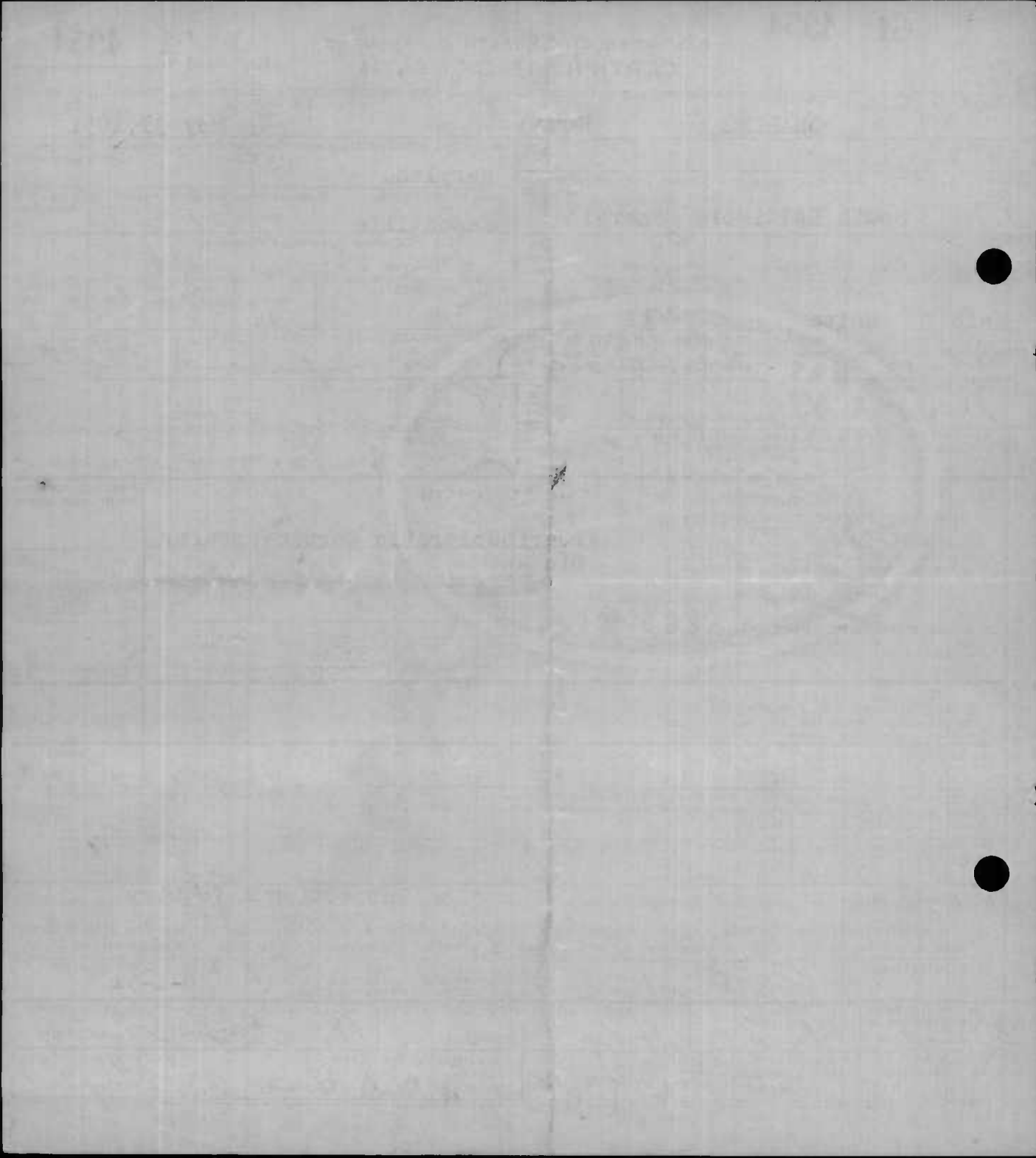
BIRTH NO.		1. NAME OF DECEASED (Type or Print) CHARLES Harman		2. DATE OF DEATH May 31, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Masonville			
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Masonville 24-03			
D. STREET ADDRESS (If rural, give location) 1229 William St		5. SEX Male			
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH 74	
9. AGE (In years last birthday) 74		10. UNDER 1 Year Months: Days		11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10B. KIND OF BUSINESS OR INDUSTRY Industrious Oil		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Harman		14. MOTHER'S MAIDEN NAME Virginia John	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. C. H. Harman	
18. ADDRESS					

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. G. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 6-1-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/4/51		24C. NAME OF CEMETERY OR CREMATORY Wiley Cross	
24D. LOCATION (City, town, or county) (State) Ritchie Hwy, Towson		25. FUNERAL DIRECTOR W. H. Williams, Jr.		ADDRESS 1318 E. 1st St	



100

51 4955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4955

BIRTH NO.

51-09362

1. NAME OF DECEASED
(Type or Print)

CHARLES

WEBB

2. DATE
OF
DEATH

June 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-04

D. STREET ADDRESS (If rural, give location)

402 E. North Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 30-1951

9. AGE (In years
last birthday)

2

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto - Md -

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Francis Webb

14. MOTHER'S MAIDEN NAME

Vilma Row -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry Francis Webb -

18. 492 X

CAUSE OF DEATH 402 E. North Ave.

INTERVAL BETWEEN
ONSET AND DEATH* DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. Webb

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 4-1951

Western

Balto Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

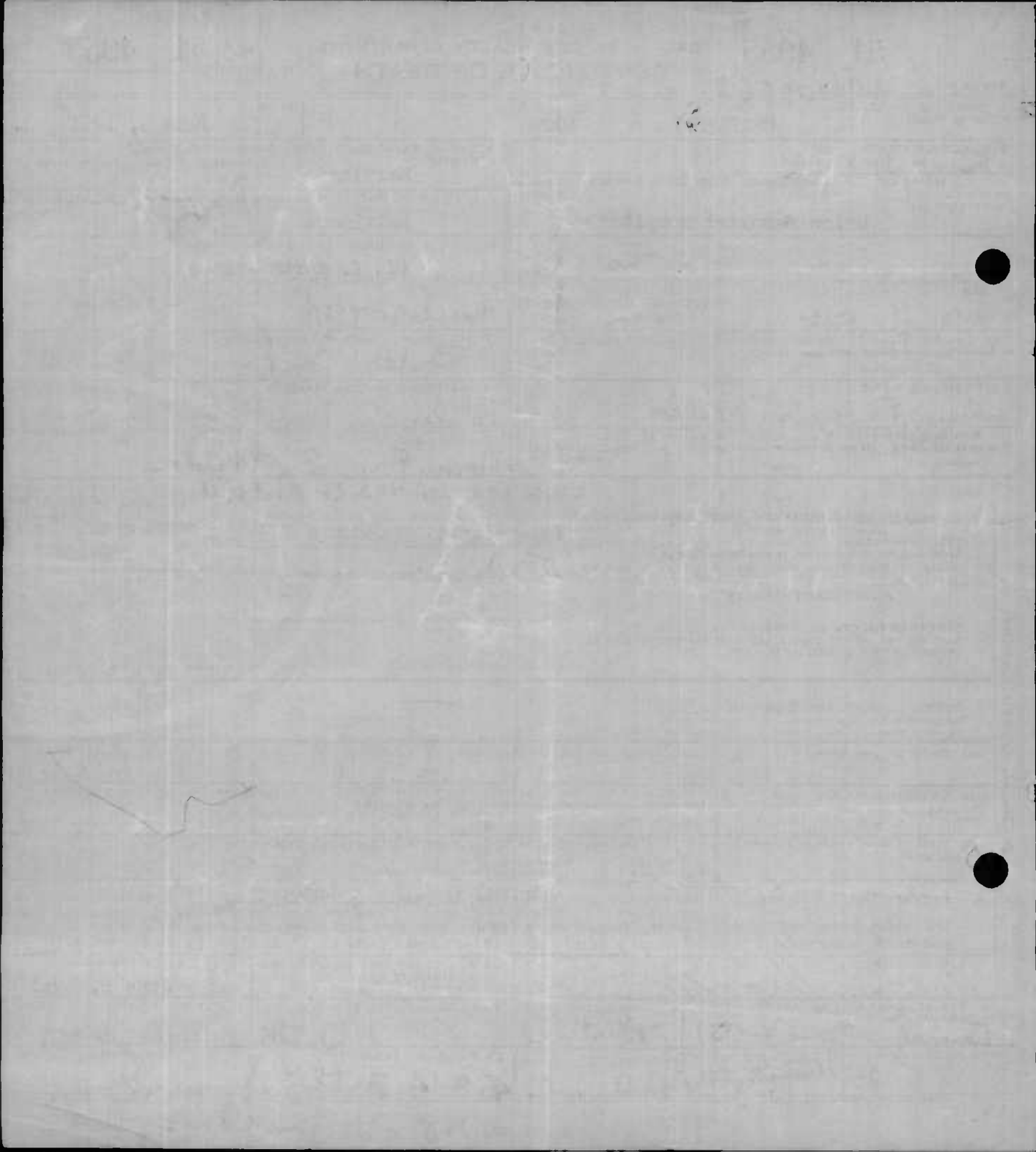
JUN 3-1951

W. C. Webb

E. C. Webb

VS 151

5118 Shuyon Oak Ave.



614 51 4956

BALTIMORE CITY HEALTH DEPARTMENT

51 4956

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Annie Berfeld

2. DATE
OF
DEATH

6-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE

Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4614 Pimlico Road

E. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harry Berfeld - 5816 Cottage Ave

18. 332 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Cerebral Thrombosis

Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

12 days

years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension, Diabetes mellitus

about 10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-16, 1948, to 6-2, 1951, that I last saw the deceased alive on 6-2, 1951, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 3-1951

VS 150

61

MEDICAL CERTIFICATION

12-2-21

12-2-21

Mr. James D. D. D.

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

51 4957

SPECTRE

51 4957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Spectre

2. DATE
OF
DEATH

6-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai

Yrs.
Mos.
Days

C. Length of stay in Baltimore

LIFE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

15-38

D. STREET ADDRESS (If rural, give location)

3710 Woodhaven Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Mar. 4, 1884

9. AGE (In years
last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Maurice Scheinker

Home

18. 2 yr. 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebrovascular accident

DUE TO

(B)

Atherosclerotic cardiovas. disease

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

11 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-21, 1951, to 6-2, 1951, that I last saw the
deceased alive on 6-3, 1951, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Luth Bleier M.D.

23B. ADDRESS

Sinai

23C. DATE SIGNED

6-2-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-3-51

24C. NAME OF CEMETERY OR CREMATORY

Beth Tzelo

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Pl

ADDRESS

JUN 3-1951

VS 150

93D

MEDICAL CERTIFICATION

51 4958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4958

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Orville Smith		2. DATE OF DEATH June 3 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Carroll	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Windsor	
Length of stay in Baltimore 1 day		D. STREET ADDRESS (If rural, give location) Louis Creek	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 29 1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10B. KIND OF BUSINESS OR INDUSTRY own farm	9. AGE (in years last birthday) 19	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Orville R. Smith Sr.	14. MOTHER'S MAIDEN NAME Estill Parrott	12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Orville R. Smith, New Windsor	

18. ESM. 4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of Cervical DUE TO Vertebrae	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Road	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5600 Carroll County Route 140, 1 mile south of Union Mills
21D. TIME (Month) (Day) (Year) (Hour) June 2, 1951 2:10 A.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Driver of auto which turned over

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Smith	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED June 3 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/3/51	24C. NAME OF CEMETERY OR CREMATORY Park Creek Cemetery
24D. LOCATION (City, town, or county) (State) Union Mills Road	25. FUNERAL DIRECTOR H. D. Hartman & Sons	ADDRESS 170 C Union Bridge & New Windsor

1751

1751

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CERTIFICATE CORRECTED

6-12-57

51 4959

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 4959

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Mae Mary Ann Davis		2. DATE OF DEATH June 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2912 Keswick Rd.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore, City B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 13-05	
C. Length of stay in Baltimore 50 yrs.		D. STREET ADDRESS (If rural, give location) 2912 Keswick Rd.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 7 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		10B. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years - last birthday) 65
11. BIRTHPLACE (State or foreign country) Frostburg, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Wm L. Davis		14. MOTHER'S MAIDEN NAME Heneritta Boswell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Grace Davis		2912 Keswick Rd. Baltimore, Md.	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) cerebral accident DUE TO (B) angina pectoris DUE TO (C) arterio sclerosis arterio sclerosis	INTERVAL BETWEEN ONSET AND DEATH 24 hrs. yr. 10 yrs
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	

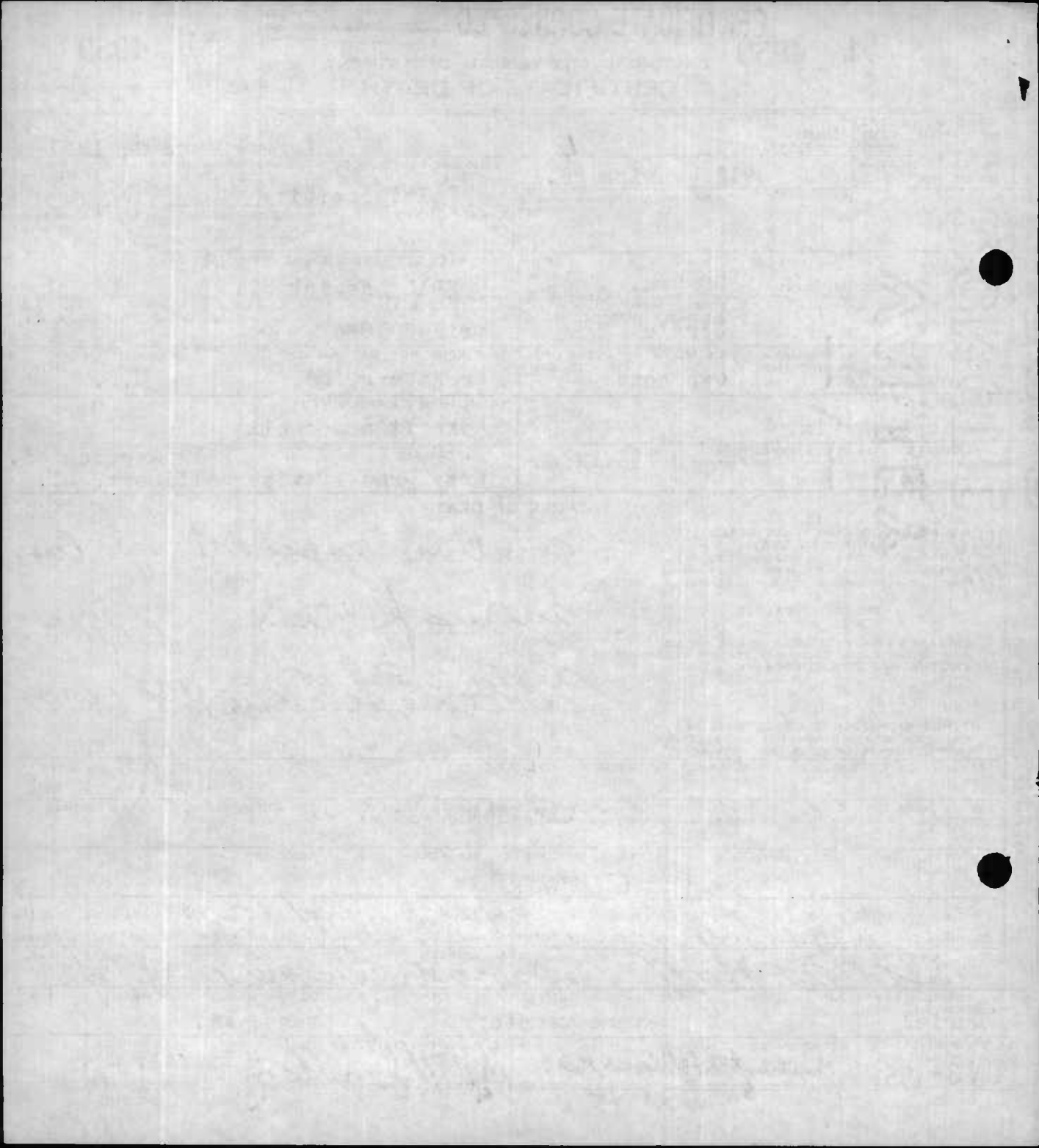
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10 yrs.**, 19**41**, to **6/2**, 19**51**, that I last saw the deceased alive on **6/1**, 19**51**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS M. D. 2020 N. Charles	23C. DATE SIGNED 6/3/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Savage Cemetery	24D. LOCATION (City, town, or county) (State) Savage, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 3-1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR [Signature]	ADDRESS Laurel, Md.
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To be approved by Medical Examiner's Office

1960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1960

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HELEN SCHOTT		2. DATE OF DEATH 6-1-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOMWOOD APARTMENTS CHARLES + 31ST STS.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 2-02	
D. STREET ADDRESS (If rural, give location) HOMWOOD APTS., CHARLES + 31ST STS.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH May 14, 1874
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	9B. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years, last birthday) 75 7/8	10. Under 1 Year Months: Days
11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?	11. Under 24 Hours Hours: Min.	
13. FATHER'S NAME Joseph Toney	14. MOTHER'S MAIDEN NAME Mary D. Moore	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	17. INFORMANT Miss Agnes O'Brien	ADDRESS same	

18. 470.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) myocardial infarction	5 min.
ANTECEDENT CAUSES	(B) coronary occlusion	10 min
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Hypertensive cardiovascular disease with coronary insufficiency	13 YRS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1**, 19**51** to **June 1**, 19**51** that I last saw the deceased alive on _____, 19____, and that death occurred at **7 A** m., from the causes and on the date stated above.

23A. SIGNATURE Paul G. Harold	23B. ADDRESS 1024 Madison St	23C. DATE SIGNED 6-1-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/4/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 3-1951	REGISTRAR'S SIGNATURE Wm. H. Williams	25. FUNERAL DIRECTOR H. B. Weeks	ADDRESS 2401 South 505 St. Calvert

MEDICAL CERTIFICATION

5

11

12/14

51 4961

51 4961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Jennie Barnes*2. DATE
OF
DEATH*June 2, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1200 Valley St.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Carroll

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Little Sisters of the Poor

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Westminster

D. STREET ADDRESS (If rural, give location)

*E. Green St.**5641*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.*Female White**Widow**not known**72?*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*New York*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

*?*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*None*

17. INFORMANT

ADDRESS

*Little Sisters of the Poor*18. *4221*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Chronic Myocarditis*INTERVAL BETWEEN
ONSET AND DEATH*6 mo.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

*Arterio-Sclerosis**5 yrs*

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 1-*, 1951, to *June 2-*, 1951, that I last saw the deceased alive on *June 1-*, 1951, and that death occurred at *8:30 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE

E. Gill Hall MD

M. D.

23b. ADDRESS

1631 E North Ave

23c. DATE SIGNED

*June 2-1951*24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*June 3-1951**Wilmington, Delaware**H. A. Smith**Westminster, Md.*

VALLEY
CONGRESS
BOND
FOR TRAVEL
OF SENATORS

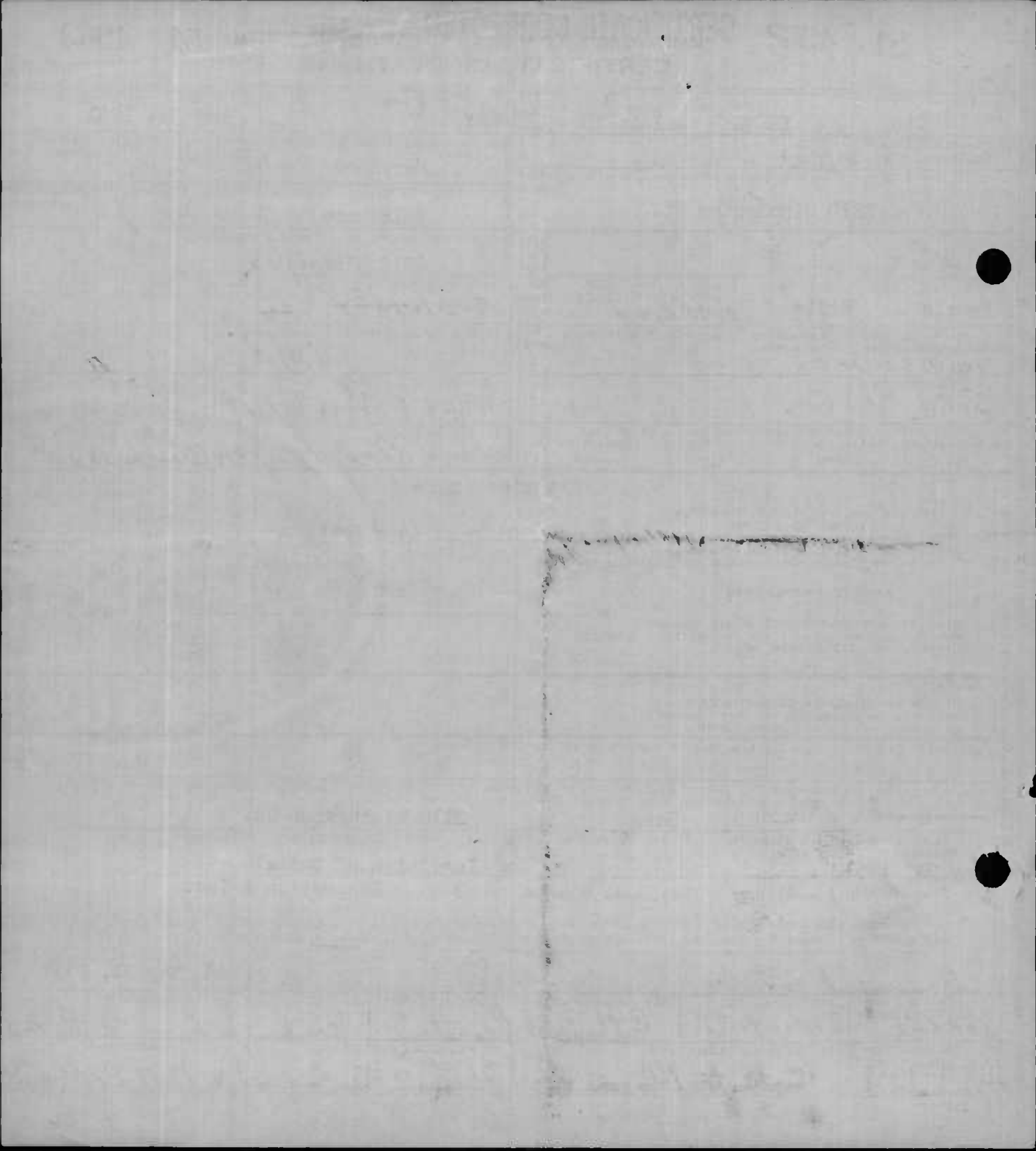
1. NAME OF DECEASED (Type or Print) IRENE ELIZABETH KENNEDY		2. DATE OF DEATH May 31, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2810 Winchester St.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 16-07	
D. STREET ADDRESS (If rural, give location) 2810 Winchester		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1896 9-21-1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		9. AGE (In years last birthday) 56 54	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.	
13. FATHER'S NAME John B. Tier		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME MARY E. HICKINS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	
16. SOCIAL SECURITY NO.		17. INFORMANT, ADDRESS HUGH Kennedy - 2810 Winchester St	

18. E970.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Barbiturate intoxication (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2810 Winchester St.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 31, 1951 ? m.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Ingestion of tuinal

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William J. ...</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	23C. DATE SIGNED May 31, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE JUNE-4-1951	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
24D. LOCATION (City, town, or county) (State) Frederick Ave Baltimore Md.	25. FUNERAL DIRECTOR Thos J. Kennedy	ADDRESS 1600 Hollins St
DATE RECEIVED BY LOCAL REGISTRAR JUN 3-1951	REGISTRAR'S SIGNATURE <i>William J. ...</i>	



450 51 4963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4963

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret C. Fallon

2. DATE
OF
DEATH

June 1, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4506 Sorrento Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Colonial Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-10

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3919 Ridgewood Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug 7, 1879

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Colonial Nursing Home 4506 Sorrento Rd.

CAUSE OF DEATH

18. 331X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension with atherosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1949 to 6-1, 1957, that I last saw the
deceased alive on 6-1, 1957, and that death occurred at 7 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William R. Leavitt

M. D.

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

6-2-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 7, 1957

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

Milwaukee Wis.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William R. Leavitt

25. FUNERAL DIRECTOR

ADDRESS

Loring Byers 5005th 7th Ave

VS 150

830

MEDICAL CERTIFICATION

51 4964

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

51 4964

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGARET.		2. DATE OF DEATH June 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Burg 1407 Rm		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 1-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION JONES HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 15 S. Robinson St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-11-69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (In years last birthday) 81
13. FATHER'S NAME JOHN ADAM CLEMENT.		14. MOTHER'S MAIDEN NAME ROMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO NI	
17. INFORMANT JONES HOPKINS HOSPITAL		ADDRESS	

18. 331X and E 900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Respiratory failure DUE TO (B) Cerebral vascular accident DUE TO (C) Fractured femur - fractured ribs	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY Dr. Kammer CHIEF OR ASST. MEDICAL EXAMINER.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 15 S. Robinson St.
21D. TIME (Month) (Day) (Year) (Hour) INJURY 5-31-51 4:00 a.m.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Slipped + fell down steps
22. I hereby certify that I attended the deceased from 5-31-1951 to 6-1-1951 , that I last saw the deceased alive on 6-1-1951 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.		
23A. SIGNATURE [Signature]	23B. ADDRESS JONES HOPKINS HOSPITAL	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE JUNE 4-51	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM 4430 BELAIR RD MD.	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR JUN 4-1951	REGISTRAR'S SIGNATURE Wilmington Williams, Jr.	25. FUNERAL DIRECTOR Wilmington Williams, Jr.	ADDRESS 1800 FLOMBARD ST
JUN 4-1951 Med 4 To be approved 83a'			

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

_____. M.D.
CHIEF OR ASST. MEDICAL EXAMINER

or
2290

30
51 4965BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4965

Registered No.

BIRTH NO.

N.R.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LAWRENCE A. TIPPELT		JUNE 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission)	
BLH - 4W		A. STATE MARYLAND B. COUNTY St. Mary's	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
JOHNS HOPKINS HOSPITAL		MECHANICSVILLE, MD	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		Box 19 6800	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
MALE	White	Baby	11-18-50
9. AGE (In years last birthday)		If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Louis TIPPELT		Mary E. Hayden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
JOHNS HOPKINS HOSPITAL			

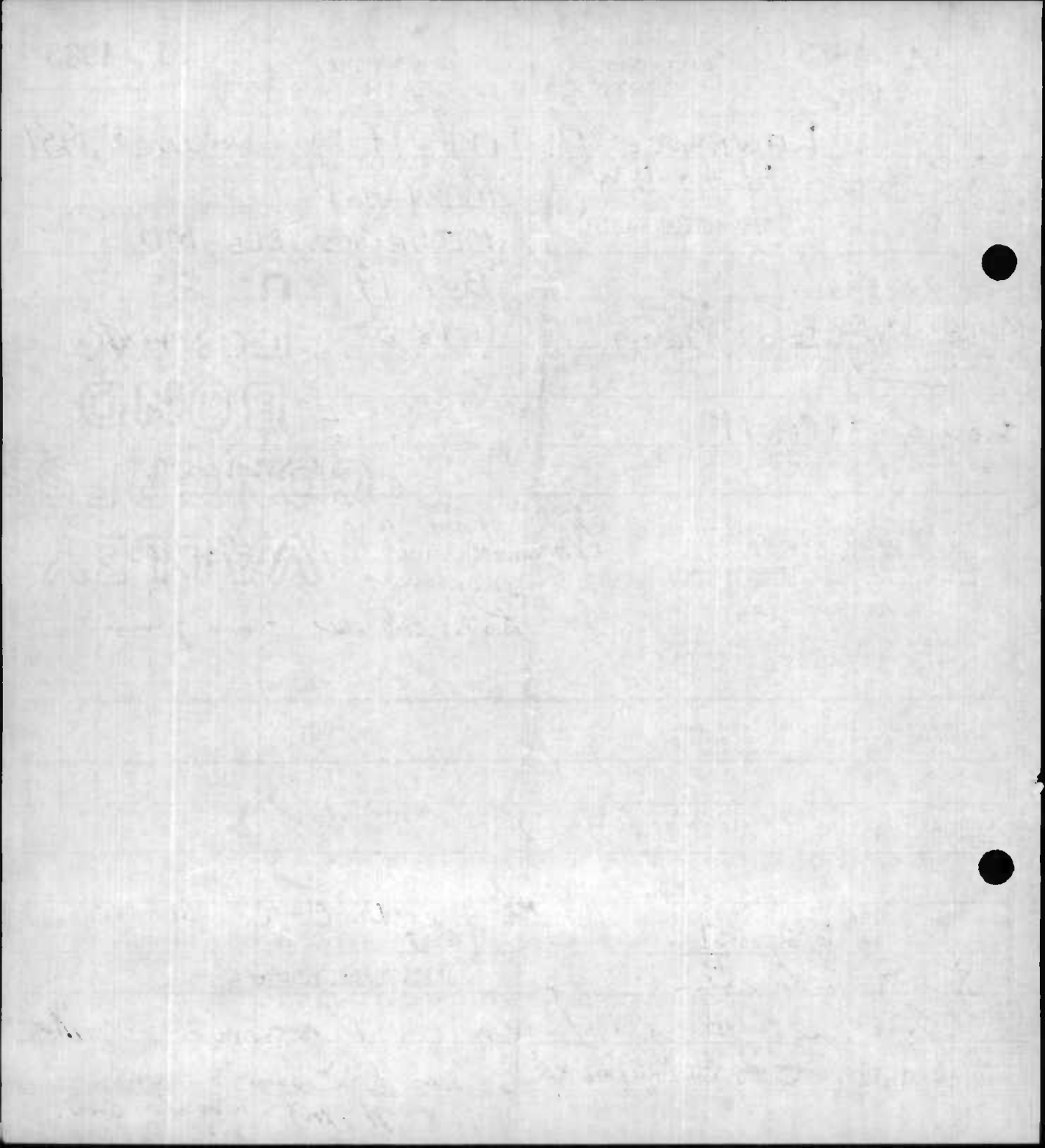
18. 770.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO	Congenital Familial Non Hemolytic Jaundice	
(B) DUE TO	Kernicterus	
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4-50 to 6-2-1951, that I last saw the deceased alive on 6-2-1951, and that death occurred at 8 PM., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE, SIGNED
Robert E. Sullivan, M.D.	JOHNS HOPKINS HOSPITAL	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Johns Hopkins	June 5 - 1951	St. Joseph	Maryland
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 4 - 1951	Wm. J. Williams, Jr.	Chris F. Evans & Son	118 N Mt Royal Ave. 161c



550 51 4966

51 4966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY MAGDALINE HAMMEN		2. DATE OF DEATH June 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1722 Homestead Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-07	
C. Length of stay in Baltimore 75 Yrs.		D. STREET ADDRESS (If rural, give location) 1722 Homestead Street	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 77
11. BIRTHPLACE (State or foreign country) York, Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wm. Byerly		14. MOTHER'S MAIDEN NAME Barbara Hamman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT 1722 Homestead Street - 18		John T. Hammen	

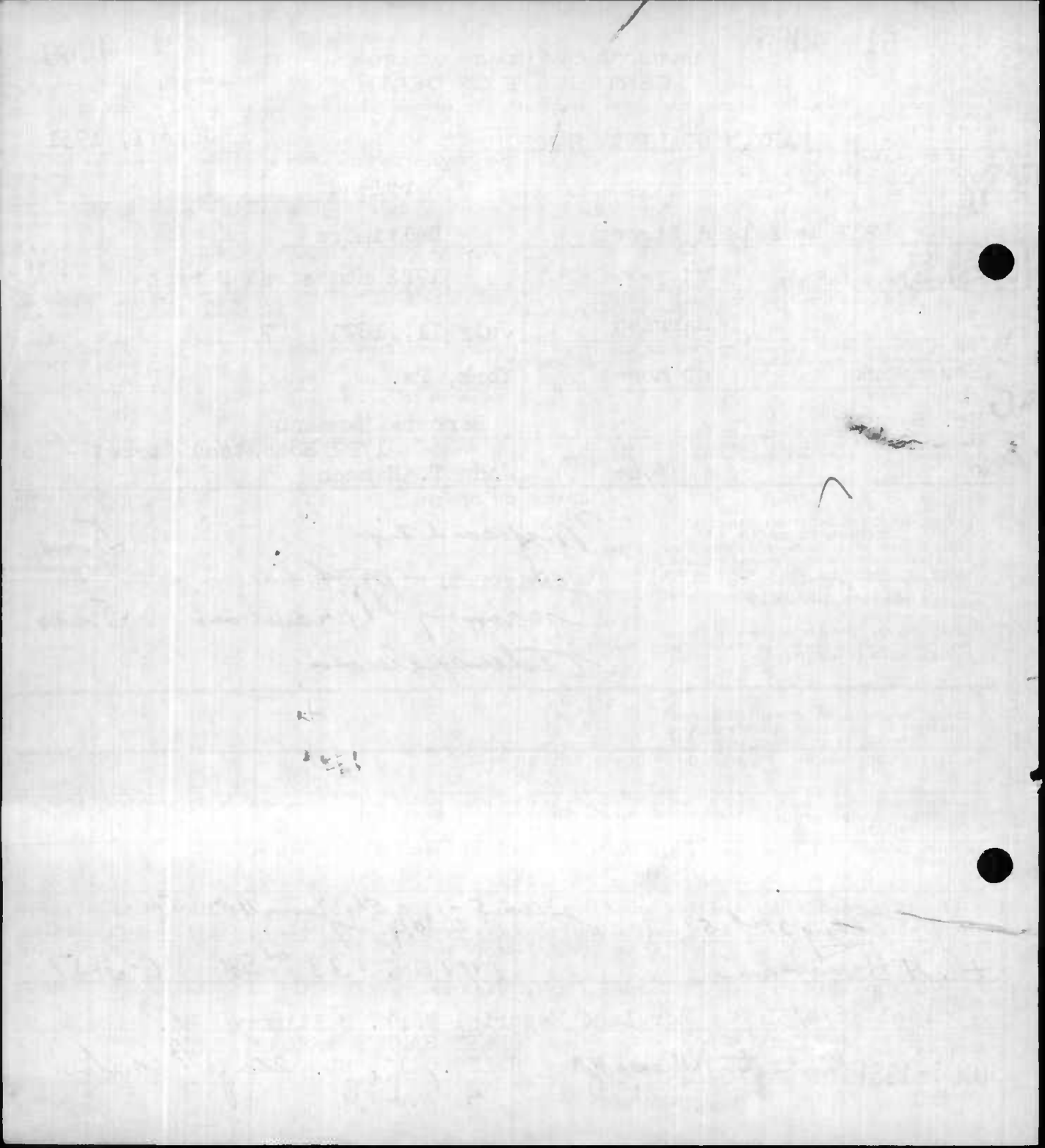
MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis - DUE TO Coronary Thrombosis DUE TO Arteriosclerosis	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 5 ms 5 ms
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 5 - 1951 to June 1, 1951 , that I last saw the deceased alive May 31, 1951 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Hamman		23B. ADDRESS 1710 E. 33rd St		23C. DATE SIGNED 6-3-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/4/51		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park, Baltimore, Md.		24D. LOCATION (City, town, or county) (State) BALTO., 13, MD.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.		HEALTH DEPARTMENT HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	

937



51 4967

51 4967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Cesewski

2. DATE
OF DEATH

June 2 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St Josephs Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-03

D. STREET ADDRESS (If rural, give location)

621 S Montford Ave

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sec 8 1927 25

9. AGE (In years last birthday)

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Electrician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Cesewski

CONJ.

14. MOTHER'S MAIDEN NAME

Anna Wojciechowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes.

16. SOCIAL SECURITY NO.

17. INFORMANT

Joseph Cesewski

ADDRESS

18. E914.30

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) 2nd + 3rd Degree Burns of

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) 50% of Body from
(C) Contact with High Tension wire

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Railroad

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Penna. R. R. Yards, Union Station

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 1, 1951 3:00 P.m.

21E. INJURY OCCURRED

WHILE AT ☒ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

Made contact with a high tension wire

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Lovett

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 3 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 1, 1951 3:00 P.m.

24C. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery, Baltimore

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 4 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Fred W. Ozgaurski

ADDRESS

VS 151

N 992X

51524

19306 Baltimore Ave. 193 ✓

MEDICAL CERTIFICATION

June 2nd 1871

George C. Corcoran

June 2nd 1871

George C. Corcoran

George C. Corcoran

George C. Corcoran

7/

June 2nd 1871

George C. Corcoran

George C. Corcoran

George C. Corcoran

51 4968

51 4968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHEVA SIEGEL

2. DATE
OF
DEATH

6-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2229 1/2 East Baltimore St

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give

Baltimore 1-05 township)

D. STREET ADDRESS (If rural, give location)

2229 1/2 East Baltimore St

C. Length of stay in Baltimore

50

Yrs.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)9. AGE (In years
last birthday)11. Under 1 Year
Months: Days12. Under 24 Hours
Hours: Min.

Female White

Widow

78

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathan

14. MOTHER'S MAIDEN NAME

Sheva

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jacob Lasker -

Same

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of stomach with
metastasis to lymph & generalized
Carcinomatosis

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Severe atherosclerosis

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from March 15, 1951, to June 3, 1951, that I last saw the
deceased alive on June 2, 1951, and that death occurred at 1:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial 6-4-51

Rosedale

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1951

William H. Williams, Md

Jack Lewis Inc 2100 Eastern Pl

Fenglos
2002 & Pratt
Pe 4101
Temper Garden
La 1660

-62651 4969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4969

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

FANNIE BRAGER

2. DATE
OF
DEATH

JUNE 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2412 KEYWORTH AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

DEC. 6, 1886

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

LOUIS HALIKMAN

14. MOTHER'S MAIDEN NAME

MINNIE (UNKNOWN)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HARRY BRAGER, 2412 KEYWORTH AVE.

18. 156.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA OF LIVER

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

JUNE 2, 1951

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF LIVER

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 27, 1951, to JUNE 3, 1951, that I last saw the
deceased alive on JUNE 3, 1951, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Baltimore 18 Maryland

23C. DATE SIGNED

June 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-4-51

24C. NAME OF CEMETERY OR CREMATORY

Adas Israel

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRY

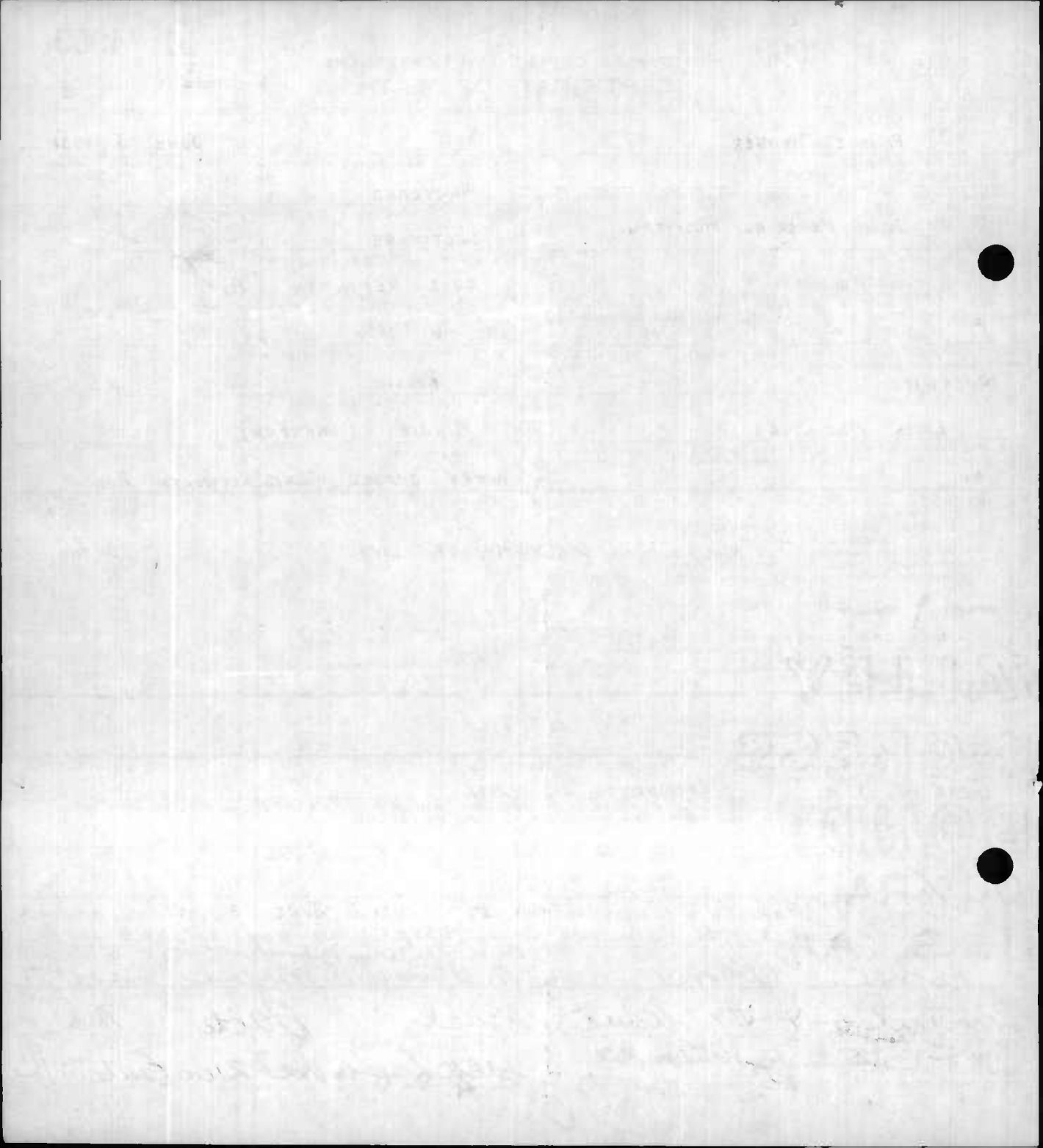
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Levy & Co 2100 Canton Rd



51 4970

51 4970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna M Bush

2. DATE
OF
DEATH

June 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

833 Woodward St

C. CITY OR TOWN

Baltimore 21-01

D. STREET ADDRESS (If rural, give location)

833 Woodward St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Miss

8. DATE OF BIRTH

May 1, 1886

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown)

14. MOTHER'S MAIDEN NAME

(Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Irvin T Lappa 833 Woodward St

18. 181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of bladder 1/10/51

ANTECEDENT CAUSES

(B)

DUE TO

C Metastases

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10 1951, to 6/1/51, 1951, that I last saw the deceased alive on 6/1 1951, and that death occurred at 530 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Helen S. Paulk

M. D.

23B. ADDRESS

675 Washington Blvd

23C. DATE SIGNED

6/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/5/51

24C. NAME OF CEMETERY OR CREMATORY

Old Baltimore

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 4 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. M. [unclear] 1214 Seaboard St

ADDRESS

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

VALLEY
CONGRESS

BOND

10000000

U.S. DEPT. OF THE INTERIOR

1911

1912

1913

1914

R 320 51 4971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4971
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Reddish

2. DATE
OF
DEATH

6/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mary Hospital

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

105 E. Fort Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 8, 1882

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Joseph Reddish

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Sarah Hudson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Kath Reddish 105 E. Fort Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Edema

10 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute Myocardial Infarction

25 days?

DUE TO

(C)

Hypertensive C-V Disease

7. 7.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

① Nephros-Sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25/1951, to 6/3/1951, that I last saw the
deceased alive on 6/3/1951 and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas B. Connor M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

6/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/6/51

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1951

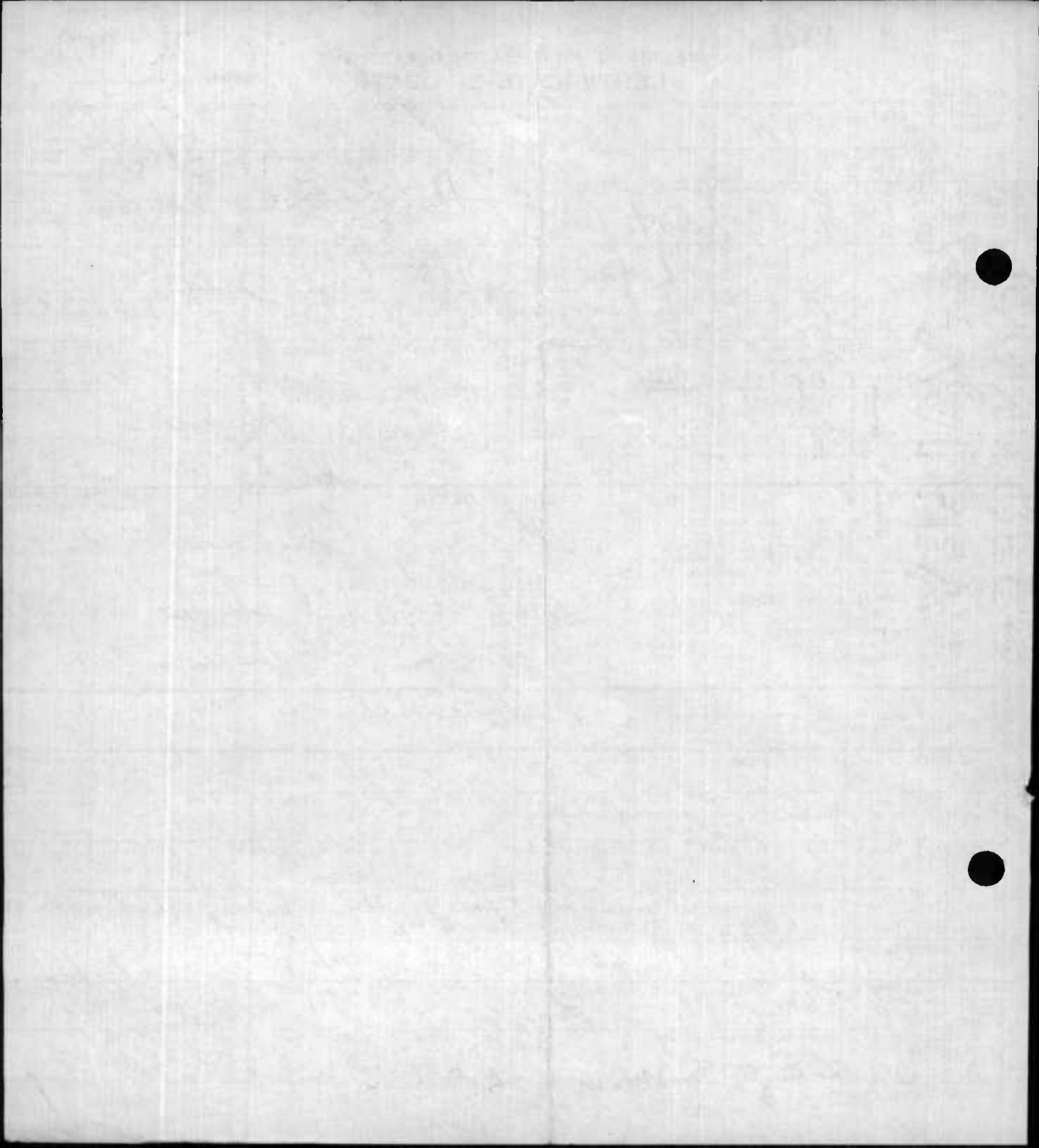
Wm. Cook Inc. 1217 St. Paul St.

VS 150

97024

131a

MEDICAL CERTIFICATION



560
51 4972BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4972

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELLA CONNOR

2. DATE
OF
DEATH

June 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

429 Whitridge Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

12-03

D. STREET ADDRESS (If rural, give location)

429 Whitridge Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1868

9. AGE (In years last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Sebold

14. MOTHER'S MAIDEN NAME

(Unknown) McGee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
None

17. INFORMANT

ADDRESS

Clinton E. Senft 429 Whitridge Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A)
DUE TOHypertension
Coronary thrombosis

Several days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1951, to June 2, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county) (State)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 1951

WILLIAM C. COLE, JR.

1217 St. Paul St

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51 4973

51 4973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Levinia Arnold

2. DATE
OF
DEATH

6.1.1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-02

D. STREET ADDRESS (If rural, give location)

1028 Cathedral St

Length of stay in Baltimore

15 days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

infant

8. DATE OF BIRTH

5.17.51

9. AGE (In years
last birthday)

10 days

If Under 1 Year
Months: Days

15

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard B. Arnold

14. MOTHER'S MAIDEN NAME

Doris Mae Waltz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

father

ADDRESS

18. 051X

CAUSE OF DEATH

Septicemia

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

acute peritonitis, streptococci

Upper Respiratory infection

(over)

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Laurie J. J. J.

23B. ADDRESS

2770 N. Charles St.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/4/51

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county) (State)

Montgomery Co. Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

JUN 4 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

474 Park St. 1217 St. Paul St.

See Document File 51 4973

6/29/51

ES

51 4974

51 4974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Elizabeth Ratmiller*2. DATE
OF
DEATH*6-3-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Balto*4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*731 S. Lakewood Ave*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Balto - Md 1-03*

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

731 S. Lakewood Ave

5. SEX

F.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED. (Specify)*Married*

8. DATE OF BIRTH

*10-11-85*9. AGE (In years
last birthday)*65*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Balto - Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Weiss

14. MOTHER'S MAIDEN NAME

*Winnie ?*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Robert Ratmiller - same address*18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*5-29-51**5-29-51*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*None*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE ☐ AT WORK ☐22. I hereby certify that I attended the deceased from *5-29-51*, to *6-3-51*, that I last saw the
deceased alive on *6-2-51*, and that death occurred at *7:30 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**6-6-51**St. Carmel**Baltimore Md**JUN 4-1951**Wilmington Williams, Md**L. G. + J. G. 402 S. Wolfe St*

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WYOMING

1910

WYOMING

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WYOMING

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WYOMING

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BUREAU OF LAND MANAGEMENT

WYOMING

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WYOMING

655 51 4975

51 4975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Blanche KARMANN

2. DATE
OF
DEATH

JUNE 1 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-3

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

6-01

D. STREET ADDRESS (If rural, give location)

3104 E. FAYETTE ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

FEMALE

White

DIVORCED

8. DATE OF BIRTH

2-7-94

9. AGE (in years
last birthday)

37

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM ZEITERS

14. MOTHER'S MAIDEN NAME

MARY CALLENDAR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

MYOCARDIAL INFARCTION?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31-1951 to 6-1-1951, that I last saw the
deceased alive on 6-1-1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. E. Wells

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-2-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-5-51

Oak Lawn

Balto - Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1951

Huntington, Baltimore, Md.

L. E. G. - 4038 W. 1st St

12

635 51 1976

MERTENS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 1976

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry F. Mertens

2. DATE
OF
DEATH

6-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reistenstown Rd.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

The Seton Institute

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: B. COUNTY: C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

642 E. Capitol St., Washington, D.C.

D. STREET ADDRESS (If rural, give location)

642 E. Capitol St., Washington, D.C.

C. Length of stay in Baltimore

12 yrs., 1 mo., 13 da.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Frederick Mertens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

The Seton Institute, Balto., Md.

18. 450.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Gangrene of right leg
thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

General arteriosclerosis

DUE TO

15 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Psychosis with arteriosclerosis

13 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1939 to June 3, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 3:52 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter O. Jakovics, M.D.

23B. ADDRESS

3703 Clark Lane

23C. DATE SIGNED

June 3, 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6/6/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY

REGISTRAR SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 1951

Huntington Williams, M.D.

805 N. Calvert St.

CERTIFICATE OF DEATH

No. 100-100000-100000
The State of New York
County of New York
City of New York

That on the 10th day of January, 1900, at New York City, New York, I, the undersigned, a duly qualified and licensed physician, did examine the body of one [Name], deceased, and found that the same had died of [Cause of Death].

Witness my hand and the seal of my office, this 10th day of January, 1900.

Signature of Physician
[Signature]

Subscribed and sworn to before me this 10th day of January, 1900.
Notary Public for the City and County of New York
[Signature]

530 51 4977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4977
Registered No.

BIRTH NO.

N.R.

1. NAME OF DECEASED
(Type or Print)

ALICE

SMITH

2. DATE
OF
DEATH

June 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-09

D. STREET ADDRESS (If rural, give location)

1000 Springfield Avenue

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 12-1950

9. AGE (In years
last birthday)

11

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Laurel, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Alexander Smith Jr.

14. MOTHER'S MAIDEN NAME

Cora Mae Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

X88 Cora Mae Smith, Springfield

18. 490 x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Lovett

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. Burial

24B. 6/4/51

24C. Pleasant Rest Co.

24D. A. A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

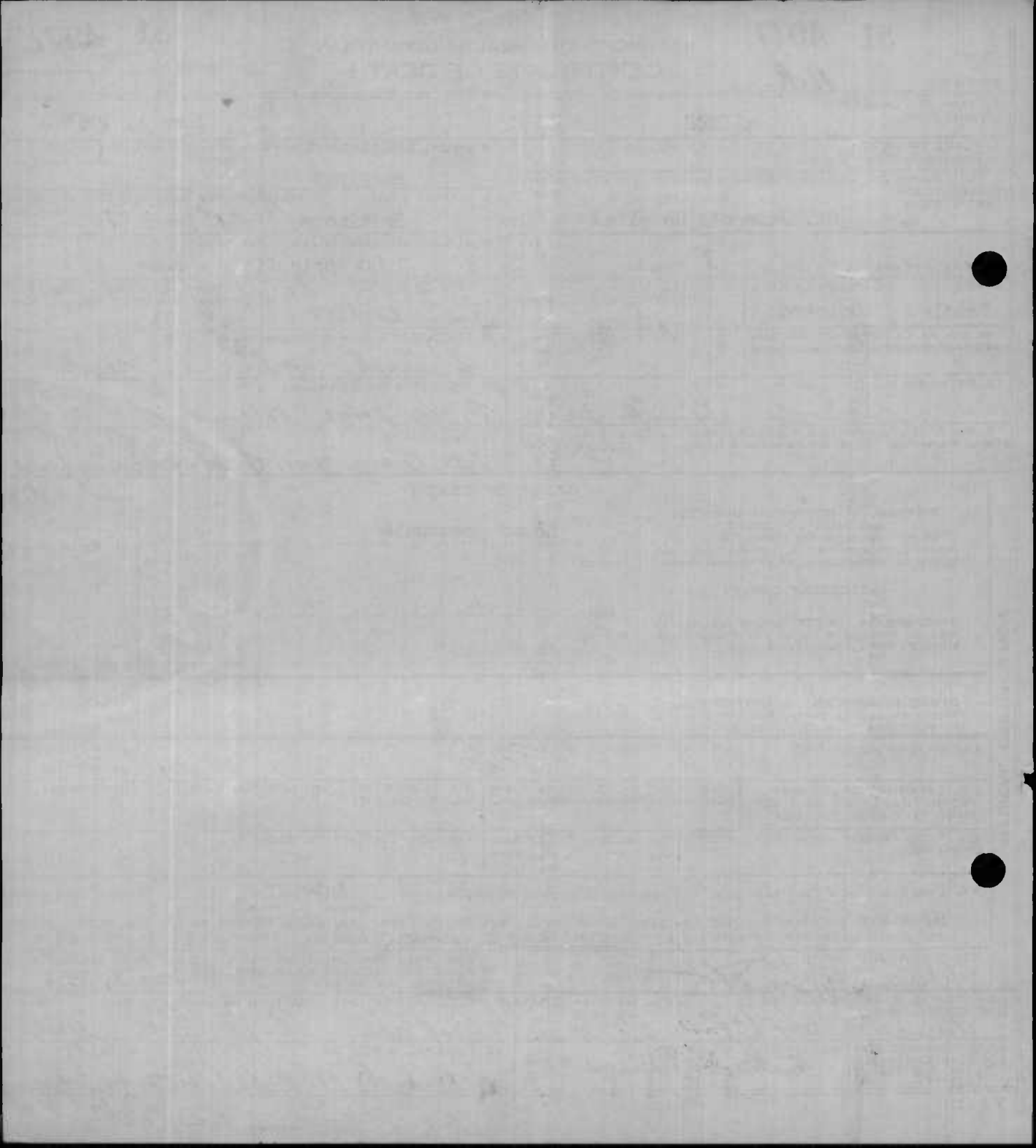
ADDRESS

JUN 4-1951

VS 151

1011 N. Calington Ave 108

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

IDA E. Quesenberry

2. DATE
OF
DEATH

June 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

8. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-03

D. STREET ADDRESS (If rural, give location)

4911 Catalpha Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 14, 1880

9. AGE (In years last birthday)
70

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Howard Co Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John J. Espey

14. MOTHER'S MAIDEN NAME

Elizabeth Ann Espey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edward L. Quesenberry, same

18. E971.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Poisoning by household amonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
4911 Catalpha Road

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
May 31, 1951

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?
Apparently drank 1 cupful of amonia

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
June 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/5/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 4 - 1951

VS 151

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

N 964.0

1639 ✓

MEDICAL CERTIFICATION

624 51 4979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 4979

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margolis, Helen Joy

2. DATE
OF
DEATH

6. 2. 1957.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

6

Yes
Mos.
Days

5. SEX

Fem.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2. 28. 1885

9. AGE (In years
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Grath, Sylvester S.

14. MOTHER'S MAIDEN NAME

Holk, Emmeline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Marina Mueller - 1868 Loch Shield

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congestive heart failure
with enlargement.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Pneumonia
Rheumatic heart disease.
Broncho pneumonia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5. 28 1957, to 6. 2 1957, that I last saw the
deceased alive on 6. 2 1957, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1957

Franklin Square Hospital

L. J. Bug, 5305 Harford Rd

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY DIVISION
WASHINGTON, D. C.

PLANT INDUSTRY DIVISION
WASHINGTON, D. C.

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PLANT INDUSTRY DIVISION
WASHINGTON, D. C.

250 51 4980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4980

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) NANNIE JACKSON		2. DATE OF DEATH 6/3/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY Talbot	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2101 Cold Spring Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Talbot	
6. Length of stay in Baltimore 3 Mos. Days		D. STREET ADDRESS (If rural, give location) Rd no 1 7000	
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 25 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64
13. FATHER'S NAME Daniel Floyd		12. CITIZEN OF WHAT COUNTRY? MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country) MD.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Viney	
17. INFORMANT Guy Floyd		ADDRESS 911 Bennett St	

1B. 593X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertension nephritis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 mo.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6/3/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/20 to 6/3 , 19 51 , that I last saw the deceased alive on 6/2 , 19 51 , and that death occurred at 6:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Dan Traub		23B. ADDRESS 122 V See		23C. DATE SIGNED 6/4/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE June 6		24C. NAME OF CEMETERY OR CREMATORY Easton Cemetery	
24D. LOCATION (City, town, or county) (State) Easton Md		25. FUNERAL DIRECTOR Decker's & Raymeyer		ADDRESS 83a	
DATE RECEIVED BY LOCAL REGISTRAR JUN 4-1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.			

1000

1000

RECEIVED BY THE DIRECTOR
OFFICE OF THE DIRECTOR

RECEIVED BY THE DIRECTOR

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651 51 4981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4981

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>LOUISE CRAM BLITT</u>			2. DATE OF DEATH <u>5-30-51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNIVERSITY Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 21-02</u>		
D. STREET ADDRESS (If rural, give location) <u>1166 W. Hamburg St</u>					
5. SEX <u>F</u>			6. COLOR OR RACE <u>White</u>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Sept 18, 1886</u>		
9. AGE (In years last birthday) <u>64</u>			10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.		
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>George Biederboch</u>			14. MOTHER'S MAIDEN NAME <u>Mary Jordan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>1166 W. Hamburg St</u>		
17. INFORMANT <u>Rearl Seidlich 905 Ramona St</u>			ADDRESS		
18. <u>200.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>-14-95-18 Reticulum Cell Sarcoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>		
ANTECEDENT CAUSES			(B) <u>Anemia, Severe</u> <u>4 months</u>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) <u>Metastases liver, Bone marrow</u> <u>2 months</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-3</u> , 19 <u>51</u> , to <u>5-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>51</u> , and that death occurred at <u>11 30</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Charles T. Henderson M.D.</u>		23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>5-30-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>June 4/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Landon Park</u>	
24D. LOCATION (City, town, or county) <u>Baltimore Md</u>		24E. (State)			
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 4-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. B. Broecker</u>		25. FUNERAL DIRECTOR ADDRESS <u>9004 Chester</u>	

1166 Mr. H. H. H. H.

51 4982

51 4982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA M. SOMMERS

2. DATE
OF
DEATH

June 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2024 E. Lafayette Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2024 E. Lafayette Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

June 10, 1870

80

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Samuel Hodges

14. MOTHER'S MAIDEN NAME

Marie Meddinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

No

Mrs. Chas. Schmidt 2908 Wayne Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral accident

24 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Essential hypertension

5 yrs

DUE TO

(C)

Arteriosclerotic heart disease

3 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1949, to June 2, 1949, that I last saw the
deceased alive on June 1, 1949, and that death occurred at 3:15 Am., from the causes and on the date stated above.

23A. SIGNATURE

Conrad H. Richter

M. D.

23B. ADDRESS

1106 N Washington St

23C. DATE SIGNED

5/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/5/51

Trinity Cem.

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

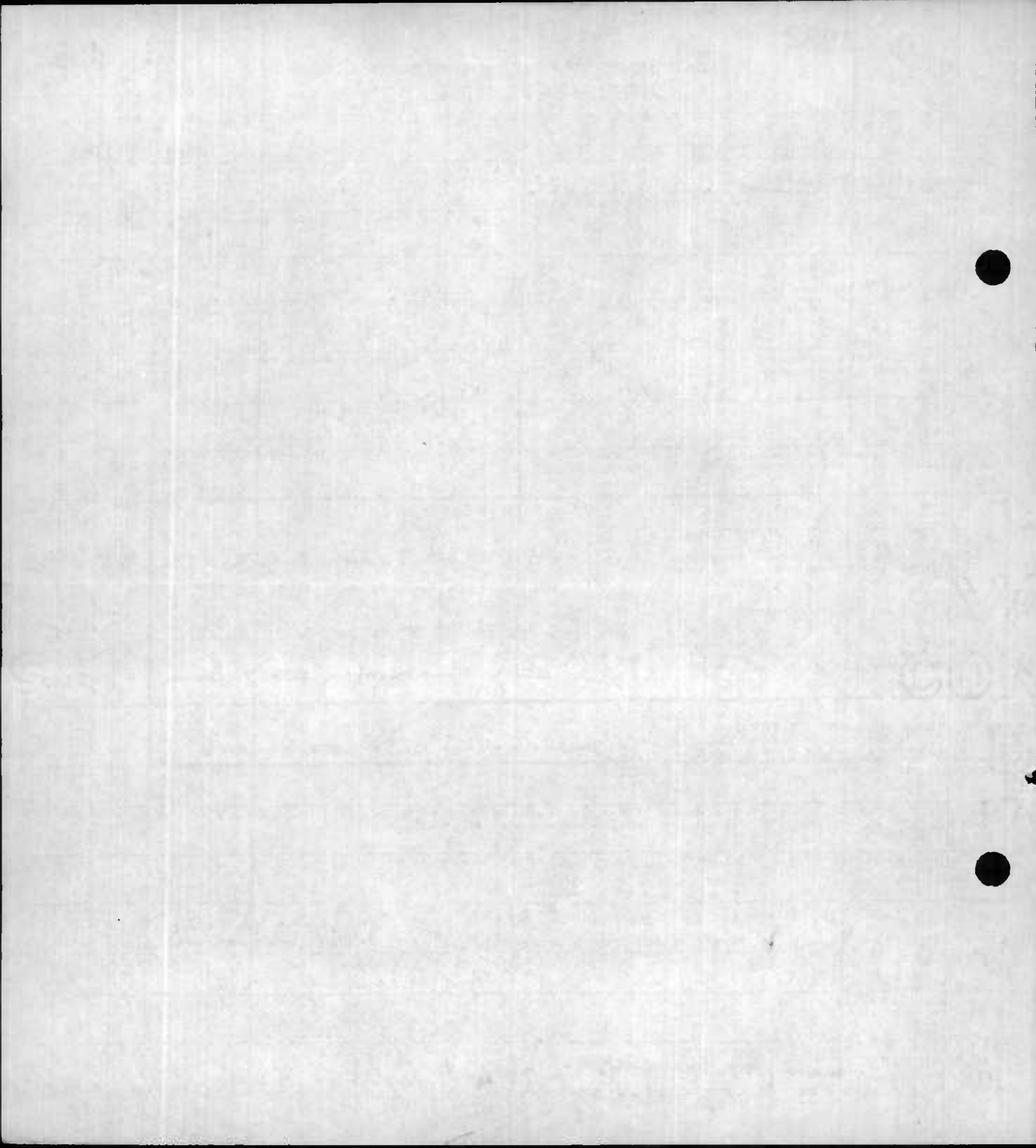
ADDRESS

JUN 4 - 1951

1106 N Washington St

1106 N Washington St

Balto. Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Katharine V Mackey</i>		2. DATE OF DEATH <i>6/2/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland Gen Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1604 Ellanmont St #16</i>			
5. SEX <i>F</i>		6. COLOR OR RACE <i>Wk.</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Ag. W. MARRIED</i>		8. DATE OF BIRTH <i>Mar 12, 1893</i>	
9. AGE (In years last birthday) <i>68</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Morton</i>		14. MOTHER'S MAIDEN NAME <i>Anna</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>MR. LUTHER E. MAREY</i>		ADDRESS <i>1604 ELLANMONT ST.</i>	

18. <i>570.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Gangrene of ileum</i> DUE TO (B) <i>Volvulus ileum - massive.</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>3 days.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6/5/51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/1</i> , 19 <i>51</i> , to <i>6/2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/2</i> , 19 <i>51</i> , and that death occurred at <i>1:45 PM.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>L. E. Bryant</i>	23B. ADDRESS <i>Md. Gen Hosp.</i>	23C. DATE SIGNED <i>6/2/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>6/5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>LORRAINE CEM</i>
24D. LOCATION (City, town, or county) <i>BALTO. MD</i>		(State)
DATE RECEIVED BY JUNIOR REGISTRAR <i>JUN 4 - 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Fickner</i>	25. FUNERAL DIRECTOR <i>Wm. J. Fickner & Sons Inc. Balto. Md</i>

640 51 4984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4984
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN FRANCIS CARLE			2. DATE OF DEATH June 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2520 Edmondson Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 16-05		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2520 Edmondson Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1868	9. AGE (In years last birthday) 83	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Collector			10B. KIND OF BUSINESS OR INDUSTRY Bottled Water (Spring)		
11. BIRTHPLACE (State or foreign country) Chicago, Ill			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles Carle			14. MOTHER'S MAIDEN NAME Hannah Brannan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Mr. W. J. Carle			ADDRESS 34 E. 25th St.		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Arterio-sclerosis DUE TO Senility	INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

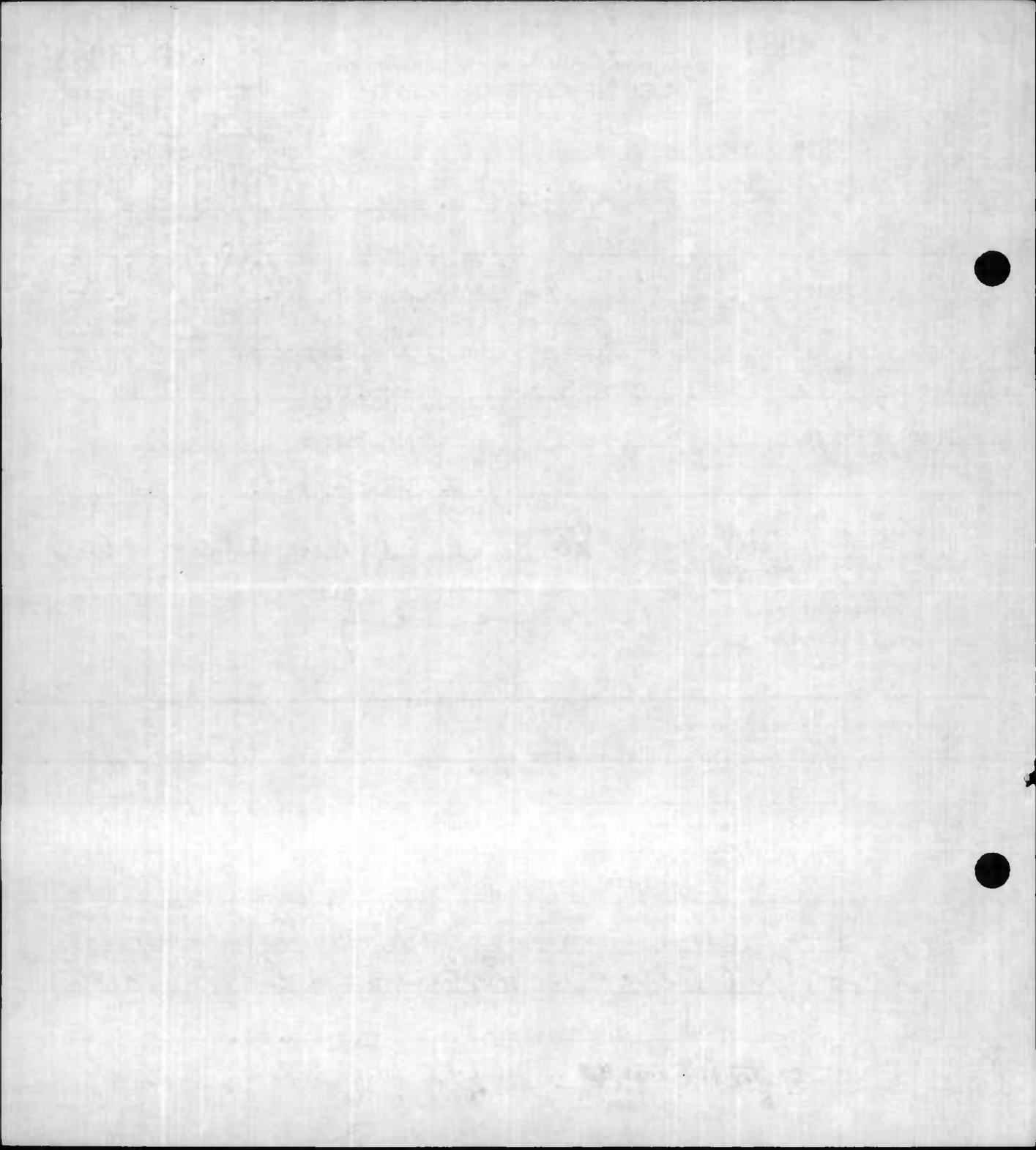
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1942 to June 1, 1951**, that I last saw the deceased alive on **June 1, 1951**, and that death occurred at **9:50 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE Geo. A. Wells	23B. ADDRESS 4100 Edmondson Ave.	23C. DATE SIGNED 6/2/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 5, 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 4-1951	REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.	25. FUNERAL DIRECTOR Wm. J. Williams, Jr.	ADDRESS Balto. Md.
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51 4985

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4985
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice H. Kinsley

2. DATE
OF
DEATH

June 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Home for incurables

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-15-78

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Denmore Kinsley

14. MOTHER'S MAIDEN NAME

Ella Heald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bronchopneumonia

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of Cervix

6 mo.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 1951, to 6/3, 1951, that I last saw the deceased alive on 6/3, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

William H. Baker

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

June 3, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/5/51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

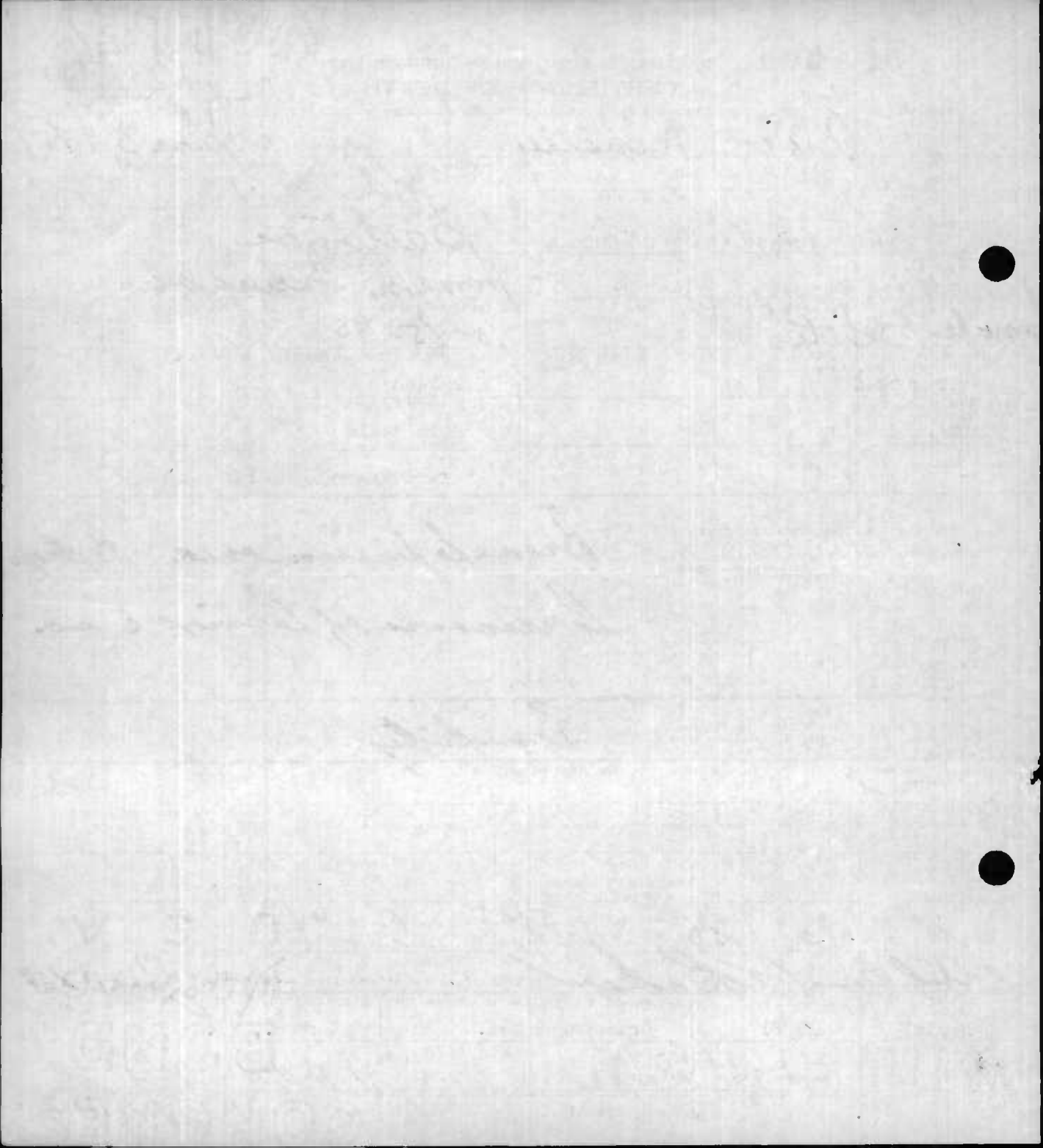
Wm. H. Baker

25. FUNERAL DIRECTOR

25m. J. F. Baker & Son

ADDRESS

48a Baltimore Md.



260

51 4986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4986

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Lacher

2. DATE
OF
DEATH

6-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1814 Light St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore 23-03 township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1814 Light St.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

1-10-1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

Otis Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Lacher

14. MOTHER'S MAIDEN NAME

Mary Minster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - SAME

18. 162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho-Genic Carcinoma

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1957, to June 2nd, 1957, that I last saw the
deceased alive on June 2, 1957, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Mc Gough M. D.

23B. ADDRESS

1 E Randall Dr

23C. DATE SIGNED

6/4/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-5-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 1951

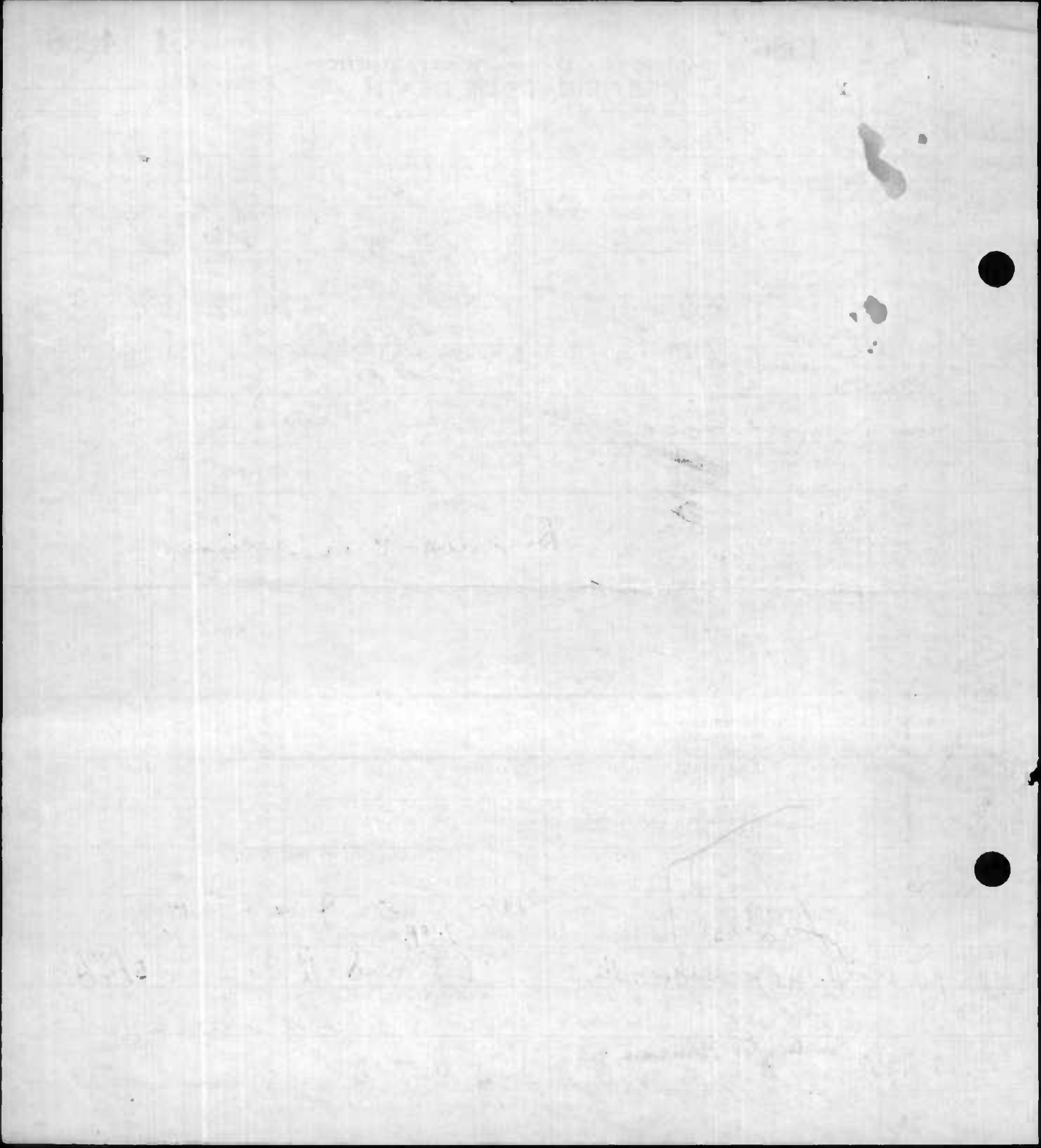
VS 150

554 36

30 E. Howard Ave.

47c

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 4987

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE L. P. COVELL

2. DATE
OF
DEATH

JUNE 1 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

731 CATOR AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

731 CATOR AVE.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 20 1875

9. AGE (In years last birthday)

75

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED SEA CAPTAIN

10B. KIND OF BUSINESS OR INDUSTRY

ROOSEVELT LINES

11. BIRTHPLACE (State or foreign country)

BOSTON, MASS.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

LEONARD A. COVELL

14. MOTHER'S MAIDEN NAME

MARGARET PORTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES SPANISH AMERICAN

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

FLORA COVELL 731 CATOR AVE.

18. **260X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Insufficiency

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Cardiovascular Disease

(C)

Diabetes Mellitus

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1949** to **June 1**, 1951, that I last saw the deceased alive on **June 1**, 1951, and that death occurred at **9:30 p. m.** from the causes and on the date stated above.

23A. SIGNATURE

For M. Zimmerman

23B. ADDRESS

2858 Harford Rd

23C. DATE SIGNED

June 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

JUNE 5 1951

BALTIMORE NATIONAL CEM.

FREDERICK ROAD MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1951

Wilmington Williams, Md.

Deppel Bros. 7110 BELAIR ROAD

MEDICAL CERTIFICATION

104 L04 ZIMMERMAN
2858 HARFORD RD.

200
51 4988BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4988

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Frances M. Mosca</i>		2. DATE OF DEATH <i>June 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1014 WARDEN ST</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township) <i>Baltimore 10-01</i>			
D. STREET ADDRESS (If rural, give location) <i>1014 Warden St</i>					
Length of stay in Baltimore Yrs. Mos. Days					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 5, 1903</i>	9. AGE (In years last birthday) <i>48</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Spain</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Mauro Sarentino</i>			
14. MOTHER'S MAIDEN NAME <i>Vincenza DePatro</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mr Mosca 1014 Warden St</i>			
18. <i>172X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma, Body of Uterus</i> DUE TO (A) <i>1 1/2 yrs</i> DUE TO (B) <i>1 1/2 yrs</i> DUE TO (C) <i>1 1/2 yrs</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 yrs</i>		CAUSE OF DEATH <i>Carcinoma, Body of Uterus</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 25, 1951</i> , to <i>June 2, 1951</i> , that I last saw the deceased alive on <i>May 25, 1951</i> , and that death occurred at <i>1:15 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. H. Kammer, Jr.</i>		23B. ADDRESS <i>201 S. Sheridan Ave.</i>		23C. DATE SIGNED <i>6/4/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 5, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24F. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 4-1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Kammer, Jr.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Reilly & Wiedefeld 900 E. Biddle St</i>	

8311

25

RECEIVED THE TITANIC

U S A
100% RAG

BOND

CORPUS

VALLEY

— 1 —

1

OF

412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4989

Registered No.

1 4989

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Agnes Ann Phillips		2. DATE OF DEATH June 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3430 Seneca Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 60 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3430 Seneca Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 13, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 74
13. FATHER'S NAME William H. Hobson		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U S A	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Sarah Ann ---	
17. INFORMANT Mrs. Viola M. Walsh		ADDRESS 3516 Clipper Road	

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

disease

(C)

Generalized arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 14, 1947 to June, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**June 5, 1951****Druid Ridge****Pikesville, Maryland**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burge Funeral Home**3631 Falls Road***Horace F. Burgee*

937

Mr. Frederick J. Volkmer
6100 York Road No. 0136
311 C. Lettings Ac No. 8923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4990

1. NAME OF DECEASED
(Type or Print)

GEORGE SAMUEL LOPEZ

2. DATE
OF
DEATH

JUNE 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

512 WILLOW AVE.

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

512 WILLOW AVE.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 17, 1870

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BUTCHER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOSEPH LOPEZ

14. MOTHER'S MAIDEN NAME

WARFIELD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, up or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

STANLEY LOPEZ 2820 HUNTINGDON AVE

18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Generalized arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Dissecting aortic aneurysm

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Oct, 1948 to June, 1951, that I last saw the
deceased alive on June 3, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Fredrick J. Volkmann

M. D.

23B. ADDRESS

6100 York Rd

23C. DATE SIGNED

June 4 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-6-1951

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEM.

24D. LOCATION (City, town, or county)

PARKVILLE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Frederick J. Volkmann

25. FUNERAL DIRECTOR

ADDRESS

H. W. JENKINS & SONS Co. 4905 YORK RD.

JUN 4 - 1951

VS 150

61

MEDICAL CERTIFICATION

DR F. VOLLMER
6100 YORK RD

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 4991**

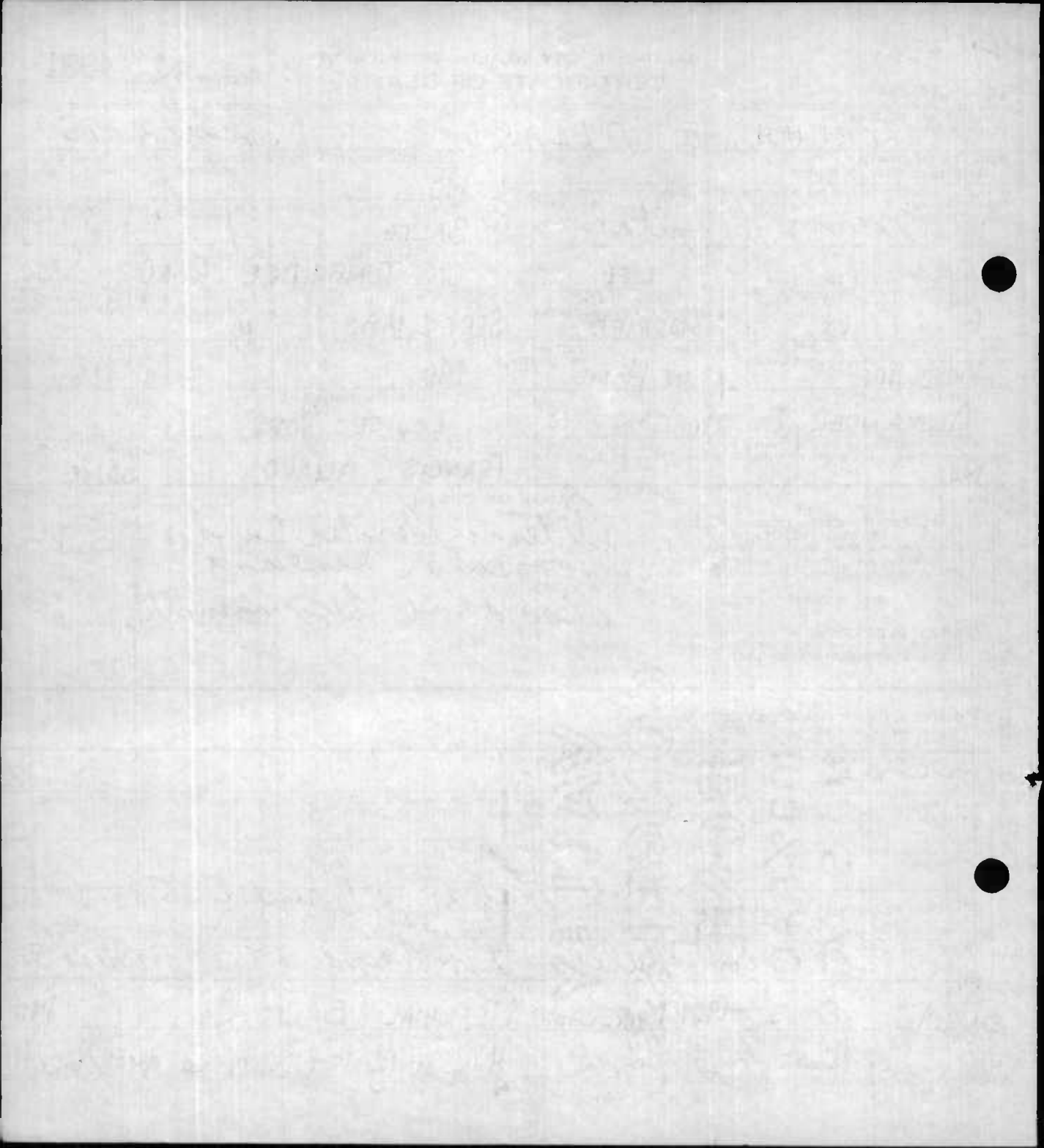
463

BIRTH NO. **4991**

1. NAME OF DECEASED (Type or Print) BERTHA E ALLARD			2. DATE OF DEATH June 2 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.		
D. STREET ADDRESS (If rural, give location) 616 TUNBRIDGE ROAD			E. LENGTH OF STAY IN BALTIMORE LIFE		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 2, 1880		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME ALEXANDER B. MORGAN		
14. MOTHER'S MAIDEN NAME LOUISE VOSS			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO.			17. INFORMANT FRANCIS C. ALLARD		
18. ADDRESS SAME			19. ADDRESS SAME		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardio-vascular disease DUE TO Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 5 yr
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 30, 1951 to June 2, 1951 , that I last saw the deceased alive on June 2, 1951 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. Edwin Muller		23B. ADDRESS 2 W Reed St		23C. DATE SIGNED 2 June 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6-5-1951		24C. NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL	
24D. LOCATION (City, town, or county) (State) BALTO. Co. MD.		25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co.		ADDRESS 4905 YORK RD	
DATE RECEIVED BY LOCAL REGISTRAR JUN 4-1951		REGISTRAR'S SIGNATURE Thurston Williams		25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co.	



400

51 4992

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4992

1. NAME OF DECEASED (Type or Print) <i>Rose Lurie</i>		2. DATE OF DEATH <i>June 3, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 10-02</i>	
C. Length of stay in Baltimore <i>40 Yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1102 Willmot Court</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>70</i>
13. FATHER'S NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>450.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Arteriosclerosis</i>			<i>3 yrs</i>
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Pneumonia</i>	<i>2 days</i>
		(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Amputation of leg, left.</i>		140.
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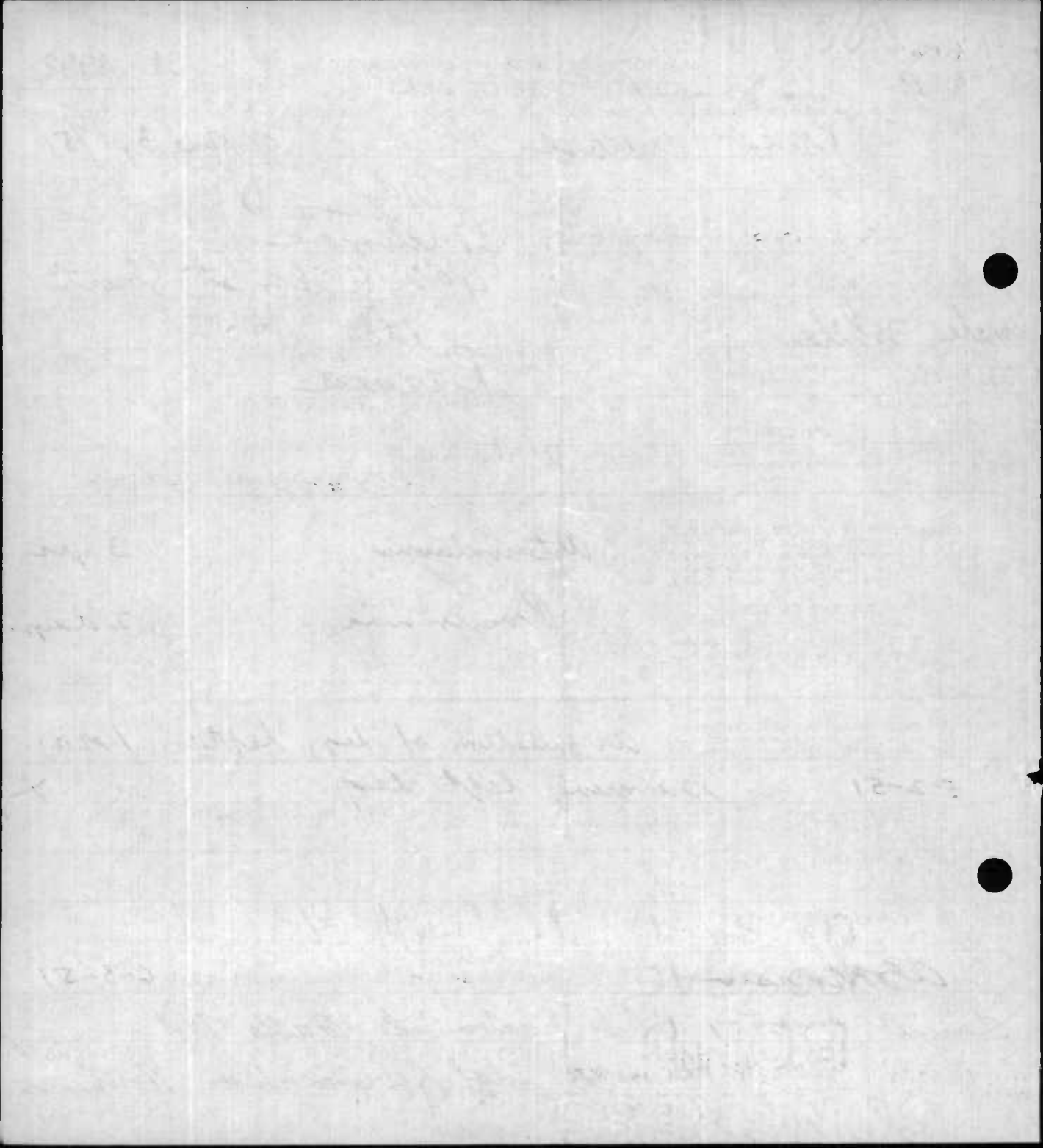
19A. DATE OF OPERATION <i>5-2-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Barren left leg.</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/30*, 19*50* to *6/3*, 19*51*, that I last saw the deceased alive on *6/3*, 19*51*, and that death occurred at *12:10* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>AS Morrow</i>	23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>6-3-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>June 5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Chel Shalom Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 4-1951</i>	REGISTRAR'S SIGNATURE <i>Timothy M. Williams</i>	25. FUNERAL DIRECTOR <i>Spl. Lawrence + Bros</i>	ADDRESS <i>North ave</i>
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530
51 4993BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 4993
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Frank C. Smith</i>			2. DATE OF DEATH <i>Sunday June 3, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1614 S. Charles St.</i>			C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) <i>Baltimore 23-02</i>		
6. LENGTH OF STAY IN BALTIMORE <i>About 50</i> Yrs. <i>Mon. Dece.</i>			D. STREET ADDRESS (If rural, give location) <i>1614 S. Charles St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 14, 1879</i>		9. AGE (In years last birthday) <i>71</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired R. R. Conductor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>		11. BIRTHPLACE (State or foreign country) <i>West Virginia</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>William Smith</i>		
14. MOTHER'S MAIDEN NAME <i>Anna Bower</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No.</i>		
16. SOCIAL SECURITY NO. <i>705-10-9705</i>			17. INFORMANT <i>Mrs. Mary C. Smith (Wife)</i>		
18. ADDRESS <i>Same</i>			19. ADDRESS <i>Same</i>		

18. <i>331X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral Hemorrhage</i>		<i>1 year</i>
ANTECEDENT CAUSES		DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>arteriosclerosis</i>		
		DUE TO		
		(C) <i>Hypertension</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Left Hemiplegia</i>		<i>1 year</i>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?

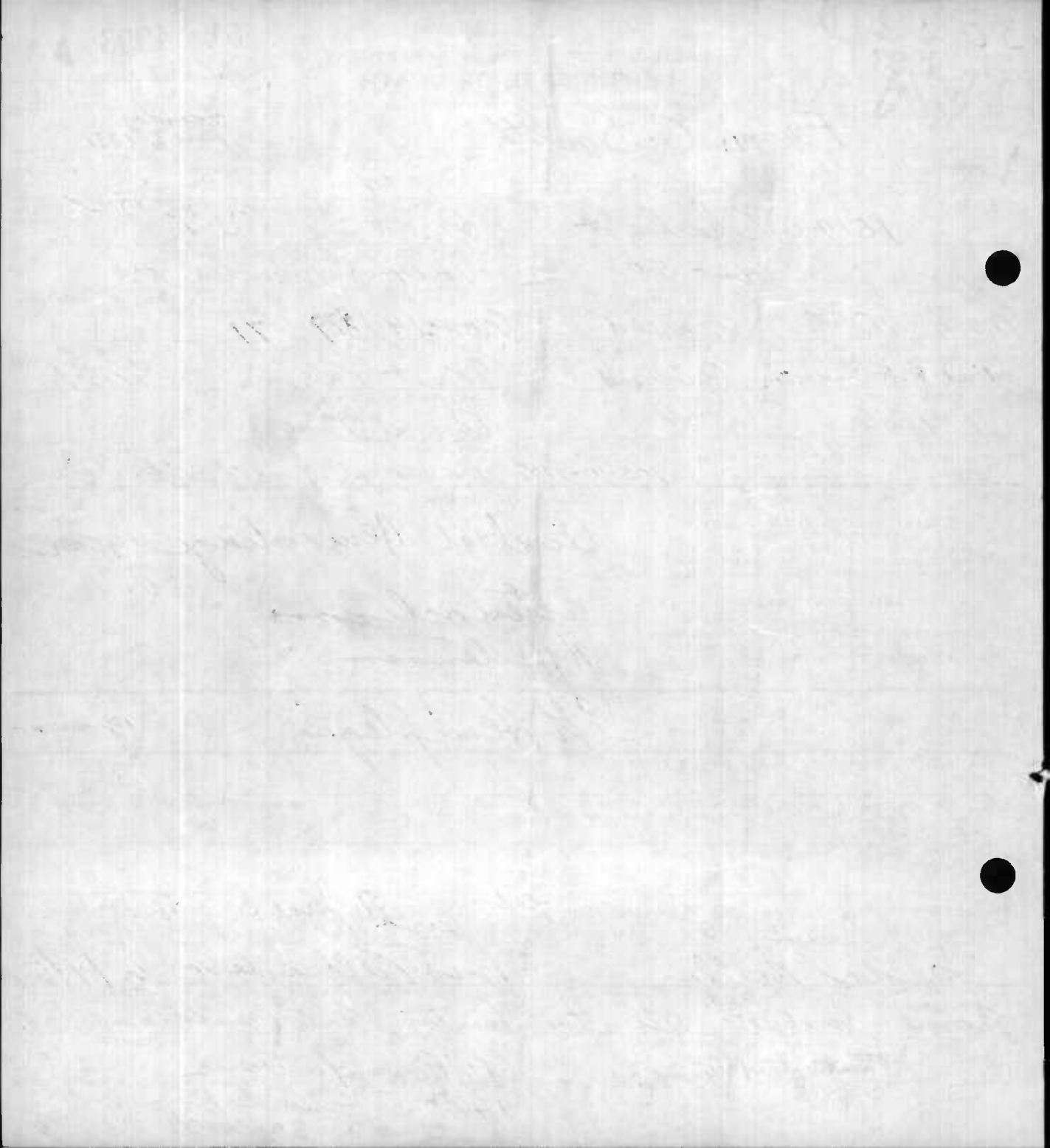
22. I hereby certify that I attended the deceased from *Feb*, 19*51* to *June 3*, 19*51* that I last saw the deceased alive on *June 3*, 19*51* and that death occurred at *4:30 A.M.* from the causes and on the date stated above.

23A. SIGNATURE <i>Robert Miller</i>	23B. ADDRESS <i>1215 S. Charles St.</i>	23C. DATE SIGNED <i>4/14/51</i>
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Wed. June 6, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Haven Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Anne Arundel County, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 4 - 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>G. Howard Evans</i>	ADDRESS <i>1400 S. Charles St. - 830</i>
---	--	--	---

203 50 1400 S. Charles St. - 830
Balt. 30, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 4994

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Marie C. Lloyd

2. DATE
OF
DEATH

June 2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

**General German Aged Peoples
Home, 22 S. Athol Ave.**

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

22 S. Athol Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Single

8. DATE OF BIRTH

July 2, 1874

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired House Keeper

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. Lawrence Lloyd

14. MOTHER'S MAIDEN NAME

Anna D. Steinzendorfer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sister Fredericka, 22 S. Athol Ave

18. **422.1 and E903.0** CAUSE OF DEATH

19. INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardio - Respiratory failure**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arterio - sclerotic Cardio Vascular**
DUE TO **Obese**

(C) **Fractured rt hip**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

R. B. [Signature]

19A. DATE OF OPERATION

1-14-51 4-15-51

19B. MAJOR FINDINGS OF OPERATION

Fractured femur, intertrochanteric

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20BBY

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22 S. Athol Ave

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

1 7 51 11:30 a.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped on Floor

22. I hereby certify that I attended the deceased from **July 1, 1951**, to **June 2, 1951**, that I last saw the deceased alive on **June 2, 1951** and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

William J. Bryson

23B. ADDRESS

4605 Edmondson

23C. DATE SIGNED

4 June 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 5/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Witzke 4101 Edmondson Ave

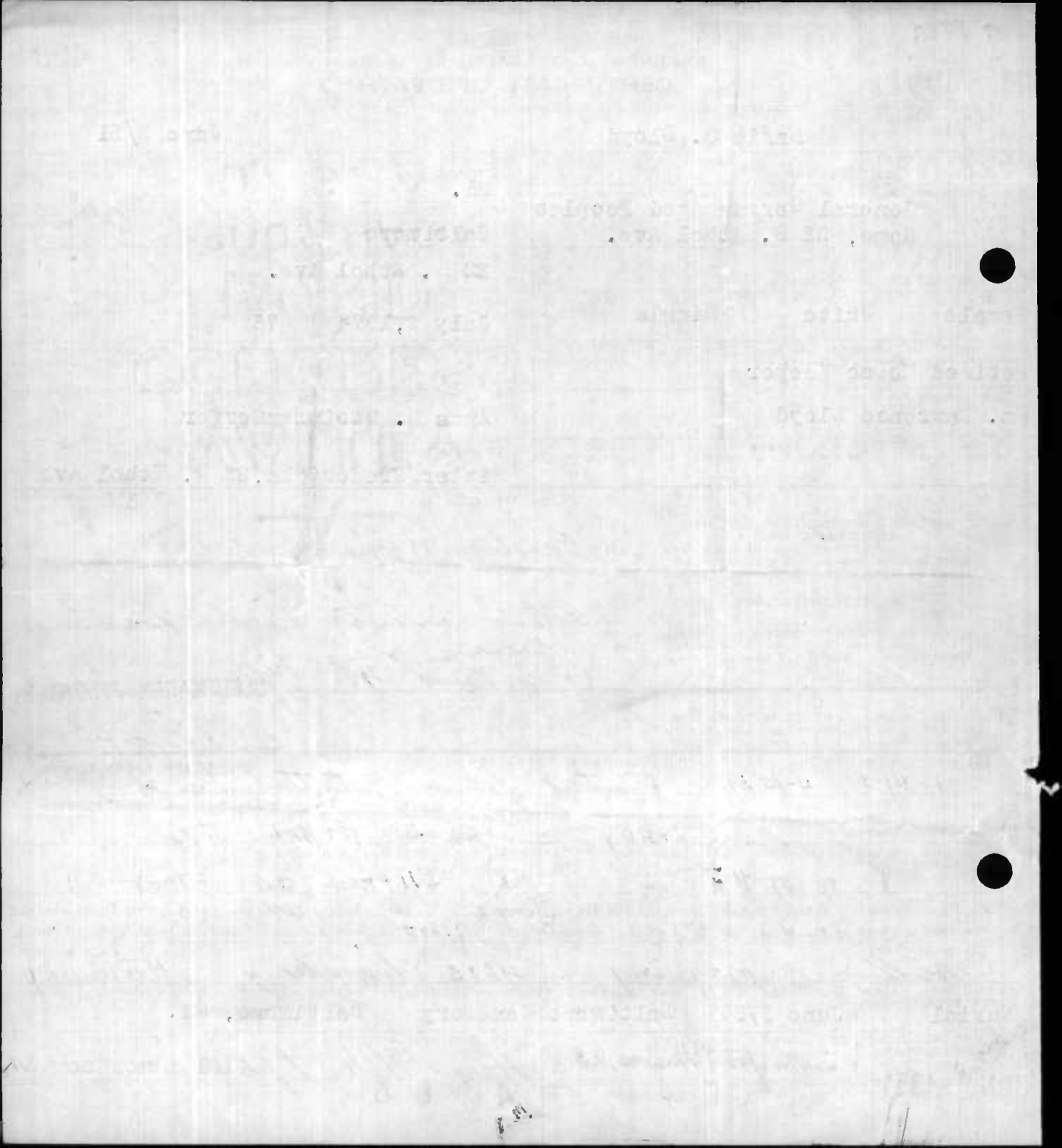
JUN 4 - 1951

VS 150

4880

937

MEDICAL CERTIFICATION



535

1 4995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4995

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ellen Condon

2. DATE
OF
DEATH

June-3-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE New York

B. COUNTY V-29

B. FULL NAME OF (If not in hospital or institution, give street address or location)

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

New York (Brooklyn)

C. Length of stay in Baltimore

40 yrs., 3 mo., 1 day

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

183 Locust St., Brooklyn, N.Y.

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

5-27-1883

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: Days

0 6

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Albany, New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Condon

14. MOTHER'S MAIDEN NAME

Ellen Douglas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Balto., Md.

The Seton Institute 6420 Reisterstown Rd.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Intestinal tumor (malignant) 18 months
+ obstruction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Mental Deficiency

68 years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1936, 19, to June 3, 1957, that I last saw the
deceased alive on June 3, 1957, and that death occurred at 4 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Nelson O. Johnson M.D.

23B. ADDRESS

3703 Clark's Lane

23C. DATE SIGNED

June 3, 57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-5-57

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Md.

25. FUNERAL DIRECTOR

ADDRESS

Sewall Morano Balto.

VS 150

46E

MEDICAL CERTIFICATION

11

1941

165
51 4996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 4996
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Nora ELLEN O'Brien</i>		2. DATE OF DEATH <i>6.3.51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Harford</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
5. Length of stay in Baltimore <i>6 months</i>		D. STREET ADDRESS (If rural, give location) <i>Edgewood, Md. 6200</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 12, 1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>70</i>
11. BIRTHPLACE (State or foreign country) <i>Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>William Coffman</i>		14. MOTHER'S MAIDEN NAME <i>Marthy Yeager</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Frances O'Brien, dght.</i>		ADDRESS <i>1711 N. Illinois St. Indianapolis, Ind.</i>	

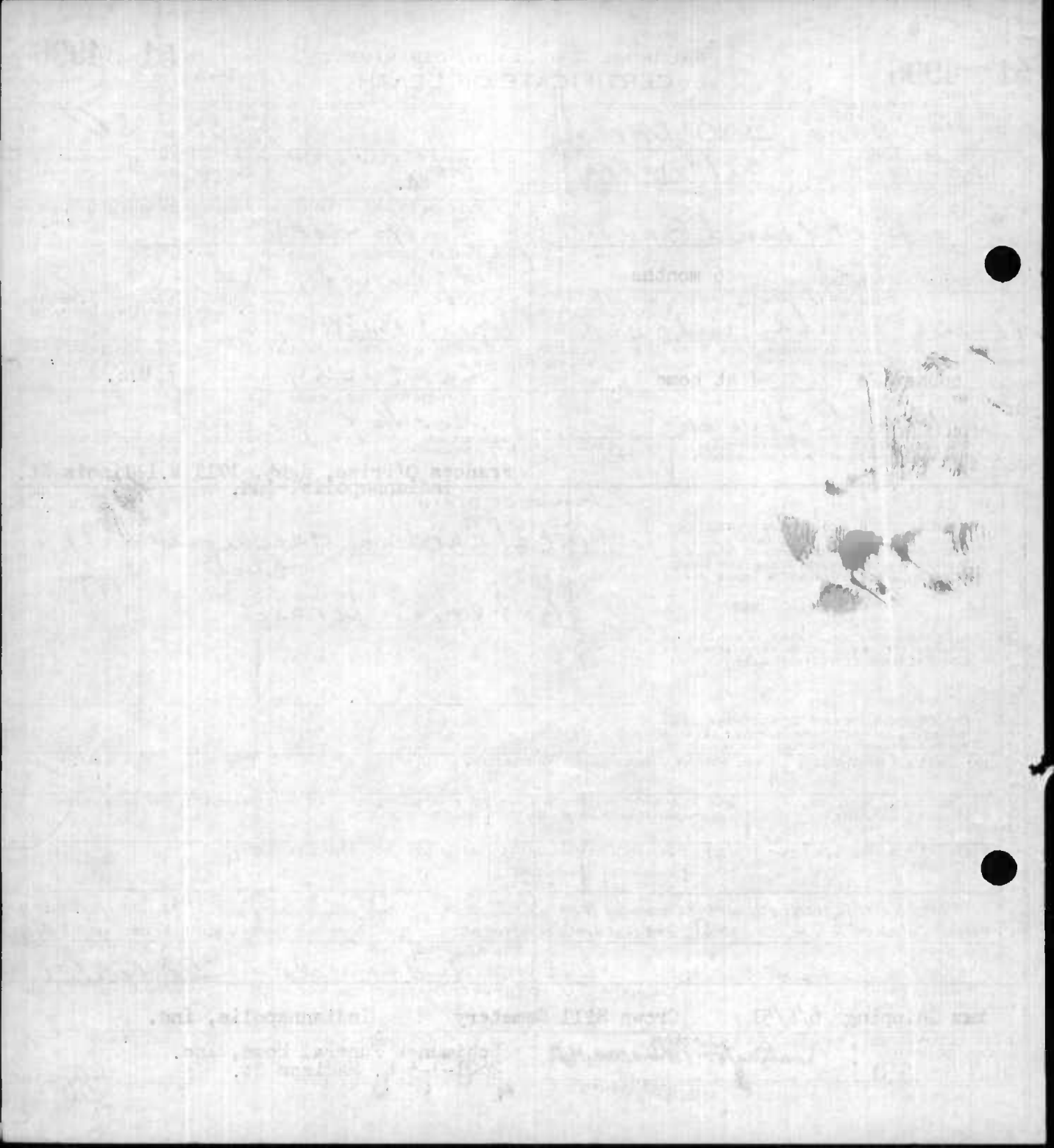
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Total Cardiac decompensation</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>(?)</i> <i>(?)</i>
--	---	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-25*, 19*51*, to *6.3*, 19*51*, that I last saw the deceased alive on *6.3*, 19*51*, and that death occurred at *3 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Charles B. Baker</i>	23B. ADDRESS M. D. <i>Maryland General Hospital</i>	23C. DATE SIGNED <i>6/3/51</i>
---	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipping</i>	24B. DATE <i>6/4/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Crown Hill Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Indiannapolis, Ind.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 4-1951</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Schmunk Funeral Home, Inc.</i> <i>2601-375 E. Madison St.</i>	



150

51 4997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4997

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE MARGARET RABENAU

2. DATE
OF
DEATH

June 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2249 E. Chase St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

DO

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-04

D. STREET ADDRESS (If rural, give location)

2249 E. Chase St.

c. Length of stay in Baltimore

life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

female

white

widowed

Sept. 5, 1880

70

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Hergenrother

14. MOTHER'S MAIDEN NAME

Barbara Yakel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John F. Rabenau, son, above

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive
Cardio Vascular Renal disease

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from April 10, 1951, to June 3, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 8:10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 6, 1951

Holy Redeemer Cemetery

4430 Belair Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2401-3-5 E. Madison St.

JUN 4 1951

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CERTIFICATE CORRECTED

6-6-51
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 4998

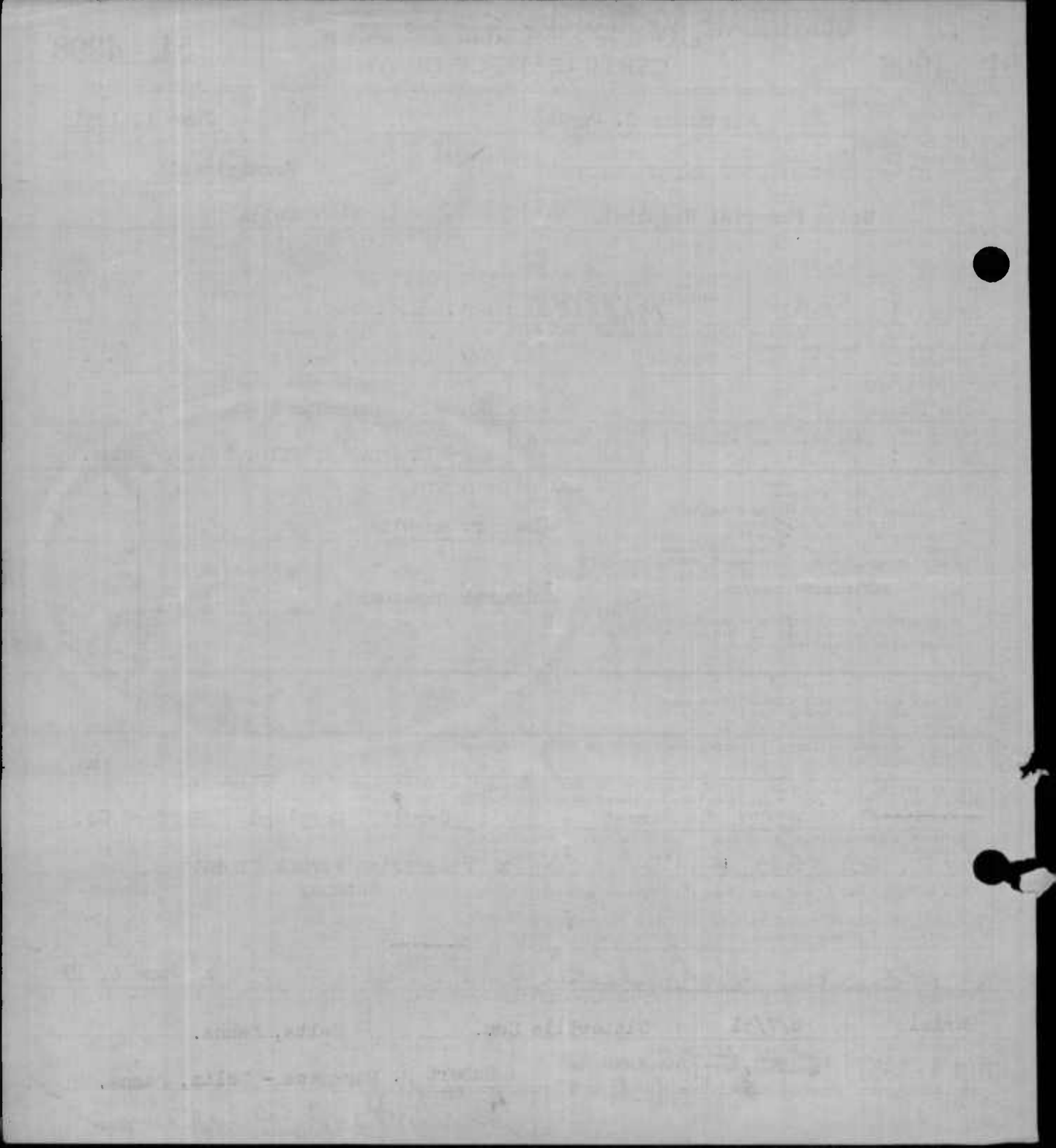
541
BIRTH NO. 4998

1. NAME OF DECEASED (Type or Print) Alexander G. Dunlap		2. DATE OF DEATH June 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Pennsylvania B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Delta	
D. STREET ADDRESS (If rural, give location)			
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Oct. 21, 1868	
9. AGE (In years last birthday) 82		10. Under 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) York County, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John Dunlap		14. MOTHER'S MAIDEN NAME Cornelia Anderson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mary E. Dunlap, Wife, Delta, Penna.		ADDRESS	

18. E 812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary embolism (A) DUE TO Subdural hematoma (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Cardiff, Maryland Harford Co.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 20, 1951 6:15 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley V. Dunlacher		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D.		23C. DATE SIGNED June 4, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/7/51		24C. NAME OF CEMETERY OR CREMATORY Slateville Cem.	
24D. LOCATION (City, town, or county) (State) Delta, Penna.		25. FUNERAL DIRECTOR Hubert P. Harkness - Delta, Penna.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 4-1951		REGISTRAR'S SIGNATURE Hubert P. Harkness			

V S 151
N 855.2
Hubert P. Harkness 1700



620

51 4999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 4999

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WARWICK, MRS. MARGARET			2. DATE OF DEATH June 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY 1838 N. Caroline St. 13		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 9-09		
D. STREET ADDRESS (If rural, give location)					
5. SEX Female			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			B. DATE OF BIRTH 8/26/72		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			9. AGE (In years last birthday) 78 yrs		
10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Jesse K. Hall			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Alice Roff, 1838 N. Caroline St.			ADDRESS		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Cerebral Hemorrhage		DUE TO			
ANTECEDENT CAUSES		(B) Carcinoma of left breast - Radical Mastectomy		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 3/8/51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/5/51 , 19 51 , to 6/1/51 , 19 51 , that I last saw the deceased alive on June 1 , 19 51 , and that death occurred at 8:20 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dolan T. E...		23B. ADDRESS St. Joseph's Hospital		23C. DATE SIGNED 6/1/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5/5/51		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE	
24D. LOCATION (City, town, or county) BALTIMORE Md		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 4-1951		24F. REGISTRAR'S SIGNATURE W. FAHEY	
24G. FUNERAL DIRECTOR W. FAHEY & SONS		24H. ADDRESS 401 SUFFOLK Rd.			

1901

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1901

52 51 5000

51 5000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

RTH NO.

Registered No.

NAME OF DECEASED
(Type or Print)

Ruth Anne Evans

2. DATE
OF
DEATH

June 3, 1951

PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

114 S. Monroe St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 20-03D. STREET ADDRESS (If rural, give location)
114 S. Monroe St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
6. COLOR OR RACE
7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MALE white

MARRIED

8. DATE OF BIRTH

JUNE 1, 1871

9. AGE (In years
last birthday)

80

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SAMUEL Whitcomb

14. MOTHER'S MAIDEN NAME

AMANDA Bobbittz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Vincent J. Evans 114 S. Monroe St.

18. 447X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized arteriosclerosis

ANTECEDENT CAUSES

(B)

DUE TO

Essential Hypertension

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME
INJURY

Hour)

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID

INJURY OCCUR?

The deceased from 5/25

at death occurred at 70

1951, to 6/3, 1951, that I last saw the

m., from the causes and on the date stated above.

23B. ADDRESS

23C. DATE SIGNED

D.

METE

333 Frederick Ave

(State)

CREMATORY

24D. LOCATION (City, town, or county)

Baltimore, Maryland

ADDRESS

GENERAL DIRECTOR

Schwab 2101 Frederick Ave.

97

